

***United States Court of Appeals
for the Second Circuit***



APPENDIX

** PLEASE RETURN TO **
** RECORDS ROOM **

77-6099

United States Court of Appeals

For the Second Circuit.

EDWARD G. SANTANGELO,
Plaintiff-Appellant,

against

JOSEPH A. CALIFANO, Jr., Secretary of Health, Edu-
cation and Welfare,
Defendant-Appellee.

APPENDIX.

MARC L. AMES
Attorney for Plaintiff-Appellant
11 Park Place
New York, N. Y. 10007
(212) 962-2390

DAVID G. TRAGER
*United States Attorney for the Eastern
District of New York, Attorney
for Defendant-Appellee*
Federal Building
Brooklyn, N. Y. 11201
(212) 330-7100

PAGINATION AS IN ORIGINAL COPY

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

EDWARD G. SANTANGELO,

Plaintiff

vs.

CIVIL ACTION NO. 75 C 1786

DAVID MATHEWS,
SECRETARY OF HEALTH,
EDUCATION, AND WELFARE,

Defendant

C E R T I F I C A T I O N

I, Paul R. Muller, Chief, Civil Actions Branch, Division of Appeals Operations, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the entire record of proceedings relating to the application of Edward G. Santangelo to establish a period of disability, and his claim for disability insurance benefits under title II of the Social Security Act, as amended, such transcript including application for a period of disability and disability insurance benefits, testimony and other evidence upon which the decision of the administrative law judge of the Bureau of Hearings and Appeals, Social Security Administration, was based.

Date: April 7, 1976

Paul R. Muller

Paul R. Muller

Edward G. Santangelo, Claimant and Wage Earner

Account Number 084-12-8851

COURT TRANSCRIPT INDEX

	<u>PAGE NO.</u>
Exhibits List (Index to Individual Exhibits)	1-3
Action of Appeals Council on Request for Review 8-27-76	4
Correspondence	5-7
Request for Review of Hearing Decision 6-18-75	8
Hearing Decision 6-16-75	9-15
Correspondence	16-18
Notice of Hearing	19-20
Request for Hearing 1-8-74	21
Appointment of Representative 9-24-73	22-23
Transcript of Oral Hearing 3-13-75	24-51
Exhibits	54-118

Edward G. Santangelo
(Claimant)

084-12-8851
(Social Security Number)

1

(Wage Earner) (Leave blank if same as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT TRANSCRIPT PAGE NO.</u>
1	Application for Disability Insurance Benefits filed July 23, 1973	4	54-57
2	Copy of Disallowance Letter, dated September 17, 1973	2	58-59
3	Claimant's Request for Reconsideration, dated October 2, 1973	1	60
4	Copy of Notice of Reconsideration Determination, dated December 20, 1973	1	61
5	Copy of letter to John M. Looser, Attorney at Law, dated December 20, 1973	1	62
6	Application for Social Security Account Number, dated February 26, 1940	1	63
7	Earnings Record, certified July 26, 1973	1	64
8	Medical History and Disability Report, dated July 23, 1973	7	65-71
9	Medical History and Disability Report, dated October 2, 1973	8	72-79
10	Report of Contact with John M. Loosen of D.A.V., on November 26, 1973	1	80
11	Statement of claimant, dated January 8, 1973	2	81-82
12	Letter by claimant, dated July 24, 1974	1	83
13	Disability Determination and Transmittal, dated September 8, 1973	2	84-85
14	Revised Disability Determination and Transmittal, dated November 29, 1973	1	86
15	Report of Out-Patient Treatment by Veterans Administration covering treatment from May 1972	4	87-90

Edward G. Santangelo
(Claimant)

084-12-8851
(Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS (Continued)

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT TRANSCRIPT PAGE NO.</u>
16	Supplementary Medical Data Questionnaire completed by Philip Pross, M. D., dated August 9, 1973	2	91-92
17	Medical Report by Philip Pross, M. D., dated October 1, 1973	1	93
18	Medical Report by Philip Pross, M. D., dated April 23, 1974	1	94
19	Professional Qualifications of Philip Pross, M. D.	1	95
20	Report of Consultative Examination by Joseph Illovsy, M. D., dated November 18, 1973	2	96-97
21	Professional Qualifications of Joseph Illovsy, M. D.	1	98
22	Letter by Wm. McAllister, dated November 1, 1972	1	99
23	Letter, To Whom It May Concern, by W. H. Zographos, dated November 3, 1972	1	100
24	Letter, To Whom it May Concern, by Paul G. Ruvel, dated November 2, 1972	1	101
25	Medical Statement by Dr. Libardo Ramirez, received January 9, 1975 (Translation attached)	2	102-103
26	Report of Examination for Compensation or Pension by Veterans Administration	10	104-113
27	Letter from The Social Security Administration to Dr. Charles P. Fonda, Vocational Expert, dated 3/3/75	2	114-115
28	Professional Qualifications, Dr. Charles P. Fonda, Vocational Expert	3	116-118

Edward G. Santangelo
(Claimant/Applicant)

084-12-8851

(Social Security Number)

(Wage Earner) (Leave blank in Title XVI Cases and if name is same as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT TRANSCRIPT PAGE NO.</u>
<u>EXHIBITS RECEIVED SUBSEQUENT TO HEARING</u>			
29	Letter from Veterans Administration, Outpatient Clinic, dated 3/14/75	3	119-121
30	Report from Hyman M. Weiselberg, M.D., dated 5/2/75	1	122
31	Professional Qualifications, Hyman M. Weiselberg, M.D.	1	123
32	Report from Jacob H. Turkell, M.D., dated 5/3/75	4	124-127
33	Professional Qualifications, Jacob H. Turkell, M.D.	1	128
34	Report from Dr. Ann F. McHugh, undated	2	129-130
35	Report from Martin U. Rudoy, M.D., re examination of claimant on 5/8/75, dated 5/15/75	6	131-136
36	Professional Qualifications, Martin U. Rudoy, M.D.	1	137
37	Face Acknowledgment Sheet, signed by claimant's representative, dated 5/30/75	1	138



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

4

REFER TO: IHA-2
084-12-8851

27 AUG 1975

BUREAU OF
HEARINGS AND APPEALS

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. Edward G. Santangelo
104-49 214 Street
Jamaica, New York 11429

Dear Mr. Santangelo:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council considered all the evidence in your case, the applicable law and regulations, the reasoning and the evaluation of the facts in the decision, and your reasons for believing that your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22(20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

John W. Chambers
Member, Appeals Council

cc:
Mr. John M. Loosen
New York, New York 10001

DISABLED AMERICAN VETERANS

NATIONAL SERVICE HEADQUARTERS
1221 MASSACHUSETTS AVENUE, N. W.
WASHINGTON, D. C. 20005
202 - 737 - 2434

OFFICE OF:
National Director of Employment
RONALD W. DRACH
Adm. Assistant to the
National Director of Employment
RICKIE L. GARMON

August 15, 1975

Appeals Council
Social Security Administration
P. O. Box 2518
Washington, D. C. 20013

Re: SANTANGELO, Edward G.
104-49 214th Street
Jamaica, NY 11429

SS# 084-12-8851

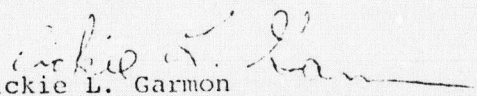
Gentlemen:

This office has received correspondence from the principal representative informing us that the above captioned individual has filed a request for review by the Appeals Council of the recent Administrative Law Judge's decision dated June 16, 1975.

Mr. Santangelo submits that he has presented adequate medical and lay evidence to establish a total inability to engage in any substantial gainful occupation or activity by reason of his physical and mental conditions. He further submits that his conditions, diagnosed as anxiety reaction and deafness of the left ear and involvement of the right ear, are indeed sufficient to show that should he engage in any employment activity, he would do nothing more than jeopardize his present physical and mental conditions.

Mr. Santangelo contends that the medical facts presented in his previous hearing before the Administrative Law Judge in combination with his limited education, past work experience, and current age are sufficient evidence to establish his eligibility to a period of disability and to disability insurance benefits as provided under Sections 216(i) and 223, respectively, of the Social Security Act, as amended.

Sincerely,


Rickie L. Garmon
Administrative Assistant to the
National Director of Employment

RLG:dlw
cc: Mr. Edward G. Santangelo

DISABLED AMERICAN VETERANS

6



V. A. REGIONAL OFFICE
252 SEVENTH AVENUE
NEW YORK, NEW YORK 10001
Phone: 620 6644

August 4, 1975

Appeals Council
Social Security Administration
P. O. Box 2518
Washington, D. C. 20013

RE: SANTANGELO, Edward
SS# 084-12-3851

Dear Sir:

Reference is made to the above named veteran's pending appeal for Social Security Disability benefits. On March 13, 1975 this Organization represented the claimant at a hearing conducted in Jamaica, N. Y., Judge Arthur Aronson presided.

It is the opinion of this Organization that the claimant warrants disability benefits based on his nervous condition and hearing condition. Mr. Santangelo's hearing and nervous conditions both affect him in all social and industrial aspects of life. He has a fear of being around people, conversing with people and participating in any social functions whatsoever.

The claimant has also developed a fear of travelling due to the severity of his nervous condition. Please make note of Exhibit 35, page 4, where Dr. Rudoy, M. D. gives his opinion with respect to the claimant's prognosis. It is also requested that Exhibit 34 pages 2 and 3 be given appropriate consideration as we feel this shows the severity of the claimant's nervous condition.

It is also the opinion of this Organization that on the assumption of Dr. Mc Hugh's report it truly proves that the claimant is and would be unable to function and obtain any gainful employment in his present condition.

In final summation the claimant had been employed successfully over 30 years and was caused to be reduced to menial jobs as a direct result of his hearing and nervous conditions.

2.

August 4, 1975

Mr. Santangelo has tried unsuccessfully for re-employment but has been denied of such because of his present disabilities.

The Veterans Administration has considered the claimant totally disabled since July 13, 1972, although we realize that the Social Security Administration is not governed by their regulations and decisions it is felt that their ratings and decisions should be warranted and considered reputable.

Therefore any fovorable determination towards the claimants application for disability benefits would be greatly appreciated by both the veteran and this Service.

Sincerely,



JOHN M. LOOSEN
National Service Officer

JML:bj

cc: Mr. Drach.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Take or mail original and all copies to your local social security office.

8

CLAIMANT Edward G. Santangelo WAGE EARNER (Leave blank if same as above)	CLAIM FOR ☒ Entitlement to Disability Benefits ☐ Continuance of Disability Benefits ☐ Other (Specify) _____ ☐ Supplemental Security Income ☐ Continuance of Supplemental Security Income
SOCIAL SECURITY NUMBER 084-12-8851	
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	

I disagree with the action taken on the above claim and request review of such action by the Appeals Council, of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I am unable to work or travel. I specifically disagree with the statements made by Dr. Jacob H. Turkell, an orthopedist, concerning my hearing problems. That is not his field.

I also feel that evidence from Dr. Ann F. Mc Hugh was not given enough consideration in the decision.

Attach to this form, or forward within 10 days to the Appeals Council at the address checked below, any evidence you wish to submit.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE John M. Loosen ☐ ATTORNEY ☒ NON-ATTORNEY	CLAIMANT'S SIGNATURE <i>Edward G. Santangelo</i>
STREET ADDRESS DAV, 252 Seventh Ave,	STREET ADDRESS 104-49 214 St.
CITY, STATE, AND ZIP CODE New York, N.Y. 10001	CITY, STATE, AND ZIP CODE Jamaica, N.Y. 11429
TELEPHONE NUMBER () 620-6646	DATE June 18, 1975 Claimant should not fill in below this line
	TELEPHONE NUMBER (212) HO 8-6376

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Is this request filed timely? ☒ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Request for Review of Hearing Decision/Order in this case was filed on **6/18/75** at **Jamaica, N.Y.**

The APPEALS COUNCIL will notify you of its action on your request.

☒ Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

☐ Appeals Council
Bureau of Hearings and Appeals, SSA

For the Social Security Administration		
BY	<i>Robert V. Kinney</i>	
(Signature)		
(Title)	Claims Representative	
(Street Address)	165-15 88th Ave.	
(City)	(State)	(Zip Code)
Jamaica, N.Y.		11432

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

9

Name and Address of Claimant:

Mr. Edward G. Santangelo
104-49 214th Street
Jamaica, New York 11429

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at your local social security office, or it may be filed with the hearing office or the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g), 1631(c)(3), and 1869(b) of the Social Security Act.

This notice and enclosed copy of hearing
decision mailed
June 16, 1975

CC:

Name and Address of Representative:

Mr. John Loosen
Disabled American Veterans
252 7th Avenue
New York, New York 10001

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

10

HEARING DECISION

In the case of

Edward G. Santangelo

(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

084-12-8851

(Social Security Number)

This case is before the Administrative Law Judge upon a request for hearing filed by the claimant.

ISSUES

The general issues before the Administrative Law Judge are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability", as defined in the Act and, if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

LAW AND REGULATIONS

Section 216(i) of the Social Security Act provides for the establishment of a period of disability, and section 223 of the Act provides for the payment of disability insurance benefits where the requirements specified therein are met.

Section 223(d)(1) of the Social Security Act defines disability (except for certain cases of blindness) as the "inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that "an individual (except a widow, surviving divorced wife or widower, shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education and work experience, engage in any kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."

Section 223(d)(3) further states "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

Section 404.1524(c) of Social Security Administration Regulations No. 4 states, in part, that the "evidence shall also describe the individual's capacity to perform significant functions such as the capacity to sit, stand or move about, travel, handle objects, hear or speak, and, in cases of mental impairment, the ability to reason or to make occupational, personal or social adjustments."

EVIDENCE CONSIDERED

The Administrative Law Judge has carefully considered all the testimony at the hearing, the arguments made and the documentary evidence described in the list of exhibits attached to this decision. The claimant was represented by John M. Loosen of the Disabled American Veterans. Dr. Charles P. Fonda, a vocational expert, appeared and testified at the request of the Administrative Law Judge.

EVALUATION OF THE EVIDENCE

The claimant comes before the Administrative Law Judge with a request for the granting of a period of disability and disability insurance benefits by virtue of his nervous, deafness, low back derangement and sciatica conditions. At the hearing, he testified that he was born on September 10, 1920, in Wilmerding, Pennsylvania, and was graduated from both elementary and high

schools. He attended Pace College, for a period of two years. His initial jobs were clerical, until he obtained a job with the American Express Company, where he worked for a period of 20 years, advancing to assistant inspector on investigations. He left this job in 1965 and then worked for a bank for a period of 7 years, from 1965 to 1972. He has not worked since March 15, 1972. He lives a sedentary life; contends he cannot work because of his back and other conditions. *not so*

The medical evidence in the claimant's folder is indicative of a back and nervous conditions. It also reveals treatment at the Veterans Administration Hospital from May 24, 1972 to October 11, 1972, for his several conditions. Certainly, most of that evidence was clearly negative as to any serious or significant disability. A medical report of August 9, 1973 from Dr. Phillip Pross, the psychiatric examination of November 8, 1973 by Dr. Joseph Illovisky were considered. At the hearing, the claimant contended that despite this evidence, he was more severely disabled than the records reveal. Accordingly, this Administrative Law Judge referred the claimant's entire folder to the State Agency for further psychiatric and orthopedic evaluations. Dr. Jacob H. Turkell, in his report of May 3, 1975, after examining the claimant, said he had no hearing or speech difficulties. He further suggested that the claimant walked without a limp or any rigidity of the trunk which was with extreme freedom of action. He contended that there was no impaired functional use of the upper extremities with respect to those areas. He further found that the claimant's neuro-circulatory system was essentially negative. A review of x-rays taken by Dr. Weiselberg on May 2, 1975 showed a developmental 6th lumbar sacralized vertebra. The slight traction spurs are compatible with normal physiological disc changes for individuals of this claimant's age group. His findings were that the claimant could climb stairs, drive, carry 25 lbs. with occasional 50 lbs., and perform frequent bending and lifting to 25 lbs. *not so* *more*

The psychiatric report of Dr. Martin Rudoy, on history, relates many of the claimant's alleged disabilities and fears of inadequacy. His opinion is, (1) a deafness condition of the left ear, with a partial hearing loss of the right ear. (2) a diagnosis adjustment reaction of adult life, manifested by resentment, depression, anxiety, irritability, hostile complaints, blaming inadequacies on others, etc. He related that *not so*

he could perform normal tasks; that he was "moderately severe" in his ability to relate to other people; and "moderately severe" in the degree of restriction of daily activities, e.g., ability to attend meetings, work around the house and mingling with people.

DISCUSSION

Clearly, from all of the above medical evidence, the facts are clear that this claimant does have a significant psychiatric condition. However, he has been pushing himself to a point of obtaining positions to which he was barely qualified. He has tortured himself with regard to these conditions and has suffered distress and irritability by virtue of his failure to be able to perform in the style in which he felt he could do. Dr. Charles P. Fonda, a vocational expert, in making a vocational evaluation of the claimant, based upon his age, education, and disabilities, felt there was no conclusive proof of the claimant's unemployability by virtue of his physical conditions. He felt that occupations of lesser responsibility to the claimant certainly was indicated. He felt the claimant could do clerical work, such as working in the bank as sorting clerk, an insurance clerk or a collateral clerk. He could do other clerical jobs, such as coding clerk, compiler, and mail clerk. The claimant could also do manual type jobs with minimum physical effort, which would be light and sedentary, such as a machine operator, a power press tender, a spinning lathe operator, or an assembly press operator.

With Dr. Fonda's evaluation, this Administrative Law Judge agrees and finds that based upon the total picture now before him and considering the psychiatric and orthopedic examinations taken of the claimant, he certainly could do the light and sedentary jobs which Dr. Fonda testified to at the hearing.

Under these circumstances, no other conclusion may be arrived at but that the claimant cannot be held so severely disabled as would warrant the granting of a period of disability and disability insurance benefits.

FINDINGS

After carefully evaluating all the facts of the case, the Administrative Law Judge makes the following findings:

1. The claimant stated that he was born on September 10, 1920, completed elementary and high schools, and attended college for a period of two years. He

*Former
work N.G.*

X

*Can't do
usual work
P. does not
show to reg.*

worked most of his adult life in an executive administrative capacity.

2. The claimant met the special earnings requirements for disability purposes on March 15, 1972, the date he stated he became unable to work; and he will continue to meet them at least through September 30, 1977.
3. The claimant has a moderate nervous condition, but is found not to have any orthopedic or significant hearing conditions.
- * 4. The claimant is found not to be able to perform any heavy manual labor or work requiring frequent bending, lifting, or stooping, but he is able to function otherwise satisfactorily in light and sedentary jobs.
- * 5. Considering the claimant's residual physical capacity and his vocational background, it is held that he is able to perform jobs which are present in significant numbers in the region where he lives; e.g., he could do clerical work in a bank as a sorting clerk, an insurance clerk, or a collateral clerk, or do other clerical jobs, as a coding clerk, a compiler or a mail clerk. He also could perform such light and sedentary manual jobs as a power press tender, a spinning lathe operator, or an assembly press operator.
6. The claimant is held not to have been prevented from engaging in any substantial gainful activity for any continuous period beginning on or before the date of this decision which has lasted or could be expected to last for at least 12 months.
7. The claimant is held not to be under a "disability" as defined in the Social Security Act, as amended, at any time prior to the date of this decision.

*Severe
Anxiety*

Voluntary

*Need
for
Mr. in
that case*

DECISION

It is, therefore, the decision of the Administrative Law Judge that based upon the claimant's application filed on July 23, 1973, he is held not to be entitled to a period of disability and disability insurance benefits under the provisions of Sections 216(i) and 223, respectively, of the Social Security Act, as amended.



ARTHUR J. ARONSON
Administrative Law Judge

Dated: June 16, 1975



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

16

Room 704
90-04 161st Street
Jamaica, New York 11432

May 28, 1975

Mr. John Loosen
DVA
252 7th Avenue
New York, New York 10001

Re: Edward G. Santangelo, Clmt
A/N 084-12-8851

Dear Mr. Loosen:

Since the hearing in the above matter, I have received additional medical evidence which has been included in the official exhibit file and should be made part of the evidence in this case. This evidence has been marked as Exhibits 29 through 36 and are listed on the attached sheet.

I am forwarding these documents to you as representative for claimant so that you may examine them. I am also enclosing a Face Acknowledgment Sheet, in duplicate, on which you may indicate your consent to admitting said documents into evidence. If you have any objection or comment, you may indicate this on the same form. One copy of the acknowledgment sheet should be signed and returned to this office as soon as possible, but no later than ten days from the date hereof. A self-addressed envelope is enclosed for your convenience (this requires no postage).

If I do not hear from you within ten days from the date hereof, I shall assume that you do not wish to take the steps outlined above, and a decision will be made in this case upon the evidence in the file, including the attached documents.

Very truly yours,

Arthur J. Aronson
ARTHUR J. ARONSON
Administrative Law Judge

Enclosures

Copy to:

Mr. Edward G. Santangelo
104-49 214 Street
Jamaica, New York 11429

EXHIBITS LIST

<u>Exhibit Nos.</u>	<u>Description</u>	<u>Pages</u>
29	Letter from Veterans Administration, Outpatient Clinic, dated 3/14/75	3
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36	Professional Qualifications, Martin U. Rudoy, M.D.	1



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

18

COPIES TO

Room 704
90-04 161st Street
Jamaica, New York 11432

April 16, 1975

Mr. Edward Santangelo
104-49 216th Street
Jamaica, New York 11430

Re: A/N 034-12-3251

Dear Sir:

Pursuant to my advice to you at the hearing on March 12, 1975, I have asked the State Agency to schedule an orthopedic and neurological and psychiatric examinations for you so that a proper evaluation of your claim can be made. The examinations will be done at Government expense and at no cost to you.

You will be advised later as to the time and place of these examinations. It is urged that you give your full cooperation to the arrangements made.

Very truly yours,

Arthur J. Aronson

Arthur J. Aronson
Administrative Law Judge

Copy to:

Mr. John Loosen
DVA
252 7th Avenue
New York, New York 10001

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

OS

NOTICE OF HEARING

19

In case of

Edward Santangelo

(Claimant - Wage Earner)

084-12-8851

(Social Security Number)

Claim For

Period of Disability and

Disability Insurance Benefits

TO: Mr. Edward Santangelo
104-49 214th Street
Queens Village, New York 11429

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the

undersigned, an Administrative Law Judge of the Bureau of Hearings and Appeals, on the 13th
day of March 1975 at 10:30 A.M. o'clock in Room 704 of the Title Guaranty Building,
90-04 161st Street Jamaica New York
(Number and Street) (City) (State)

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on July 23, 1973
(Date)

You should be prepared to prove that you were under a disability on or before date of hearing
(Date)

It may be to your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; tools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

REMARKS: A Vocational Expert will be present at the hearing. The pertinent evidence in your case has been sent to him for study and a copy of the list of this evidence has been sent to your representative. At the hearing the Vocational Expert may be questioned and other evidence may be submitted for his consideration.

IMPORTANT - Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Administrative Law Judge ARTHUR J. ARONSON	Mail Address Bureau of Hearings & Appeals, SSA Room 704, 90-04 161st Street Jamaica, New York 11432
Date March 3, 1975	Telephone Number 657-3700

cc: Representative (Name and Address)

John M. Loosen, DAV, 252 Seventh Avenue, New York, N.Y. 10001
District Office (Address)

165-15 88th Avenue, Jamaica, New York 11432

Enclosure

READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance At Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Administrative Law Judge promptly and give your reasons. Also indicate the earliest date after which your case can be re-scheduled for hearing.

Conduct of Hearing

The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence not already presented in your case.

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the hearing office.

At the hearing the Administrative Law Judge will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval a conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.

REQUEST FOR HEARING

Bureau of Hearings & Appeals
Reel 11

21

Take or mail original and all copies to your local Social Security office.

CLAIMANT'S NAME EDWARD G. SANTANGELO	CLAIM FOR JAN 10 1974 (Check one or more boxes) (Circle type of claim) ☒ Entitled to Disability Benefits <u>(DIB)</u> DWB CDB Jamaica, New York 11432 ☐ Continuance of Disability Benefits DIB DWB CDB ☐ Other (Specify) _____ ☐ Supplemental Security Income Aged Blind Disabled ☐ Continuance of Supplemental Security Income Aged Blind Disabled
WAGE EARNER'S NAME (Leave blank if same as above)	
SOCIAL SECURITY NUMBER 084-12-8851	
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	

I disagree with the determination made on the above claim and request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I believe that I am so severely disabled due to my physical condition that it is not possible for me to engage in any kind of substantial gainful work...

Check one of the following:

- ☐ I have additional evidence to submit. Attach such evidence to this form or forward to the Social Security Office within 10 days.)
☒ I have no additional evidence to submit.

Check ONLY ONE of the statements below:

- ☒ I wish to appear in person.
☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence on file.

Signed by: (Either the claimant or representative should sign. Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE ☐ ATTORNEY ☐ NON ATTORNEY	CLAIMANT'S SIGNATURE <i>Edward G. Santangelo</i>
ADDRESS	ADDRESS 104-49 21st Street
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE Jamaica, N.Y. 11429
TELEPHONE NUMBER	DATE: January 8, 1974 (Claimant should not fill in below this line)
	TELEPHONE NUMBER HO. 8 - 6375

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Is this request timely filed? ☒ Yes ☐ No

If "No" is checked: (1) Attach claimant's explanation for delay, (2) Attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on January 8, 1974 at Jamaica, N.Y. P/O

The administrative law judge will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

HEARING OFFICE COPY	TO: 90-04 161 Street ☒ Hearing Office Jamaica, N.Y. 11432 (Location) ☐ (Claims Involving Supplemental Income only, combined SSI-RSDI) (Location) ☐ Supplemental Security Income File Attached	For the Social Security Administration <i>T. R. McCarthy</i> By: T. R. McCarthy C.R. (Signature) (Title) 165-15 88th Av (Street Address) Jamaica, N.Y. 11432 (City) (State) (Zip Code)
CLAIMS FILE COPY	TO: ☒ Hearing Office ☐ Claim File(s) Requested by Teletype to _____ (Location) ☐ ACB (BDP)	
Interpreter Needed None (Language)		Servicing Social Security Office Code 120



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

22

APPOINTMENT OF REPRESENTATIVE

John M. Loosen, NSO
DAV, 252 Seventh Avenue
New York, NY 10001

I appoint _____
(Print or Type Name and Address of Representative)
to act as my representative in connection with my claim under Titles II or XVIII of the
Social Security Act based on the social security record of

NAME	SOCIAL SECURITY NUMBER
SANTANGELO, Edward	084-12-8851

I authorize him to make or give any request or notice; present or elicit evidence; obtain
information; and receive any notice in connection with my claim wholly in my stead.

If my claim reaches the Appeals Council, I designate Norman
B. Hartnett or Ronald W. Drach, DAV, 1221 Mass. Ave., N.W.,
Wash., D.C. 20005, to act as my representative.

Date Sept. 24, 1973

Signature *Edward Santangelo*
EDWARD SANTANGELO

Address 104-49 214 St.
Queens Village, NY 11429

ACCEPTANCE OF APPOINTMENT

I, John M. Loosen, NSO, hereby accept the above appointment.
I certify that I have not been suspended or prohibited from practice before the Social
Security Administration; that I am not, as an officer or employee of the United States,
disqualified from acting as the claimant's representative; and that I will not charge or
receive a fee for the representation unless it has been authorized in accordance with the
laws and regulations referred to on the reverse side hereof.

I am Representative
(union representative, relative, etc.)

Date September 24, 1973

Signature *John M. Loosen*
JOHN M. LOOSEN
Address DAV, 252 Seventh Avenue
New York, NY 10001

(See Important Information on Reverse)

CHARGING OF FEES FOR REPRESENTING SOCIAL SECURITY CLAIMANTS

An attorney, or other representative, who wishes to charge a fee for services rendered in connection with a claim before the Social Security Administration is required by law to obtain approval of the fee from the Social Security Administration (section 206(a) of the Social Security Act; Social Security Administration Regulations No. 404.975).

Form SSA-1560, "Petition to Obtain Approval of a Fee For Representing a Social Security Claimant," which elicits the information required to be submitted in support of fee petitions, should be completed by the representative after his services are completed and the original and third carbon copy of the SSA-1560 filed with the office of the Social Security Administration which took the latest action on the claim. The representative is required to furnish a copy (first carbon) of the SSA-1560 petition to the claimant for whom the services were rendered.

Social Security Administration approval of a fee is *not* required where the fee is for services (1) rendered in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the court has approved the fee in question, (2) in representing the claimant before a court of law, or (3) in representing the claimant in a claim for reimbursement of medical expenses exclusively handled by a private intermediary.

Where a representative has rendered services in a claim before the Social Security Administration and a court of law, the regulations require that he specify what, if any, amount of the fee he desires to charge is for services performed before the Administration. If he charges any fee for such services, he must petition for approval of that amount. In this connection a claim which has been remanded by a court to the Administration for further administrative proceedings is considered to be before the Administration after the remand by the court.

AUTHORIZATION OF FEE

The social security regulations contemplate that a representative will receive fair value for his services consistent with the purposes of the social security program, one of which is to give a measure of security to retired people, the disabled, and widows and children. In approving a requested fee, the Administration considers the nature and type of services performed, the complexity of the case, the level of skill and competence required in rendition of the services, the

amount of time spent on the case, the results achieved, the level of administrative review to which the representative brought the claim and the amount of the fee requested by the representative. When a fee is authorized, both the representative and the claimant are notified and allowed 30 days in which to request an administrative review in case of disagreement.

PAYMENT OF FEES

Basic liability for payment of a representative's fee rests with the claimant. However, if the representative is an attorney at law and there are past-due benefits awarded to the claimant under title II of the Social Security Act, a portion of the past-due benefits will be paid to the attorney toward payment of the fee. Such payment will be in an amount equal to whichever is the smaller: (1) the amount of the authorized fee; (2) 25 percent of the past-due benefits for months prior to the month in which the favorable determination was made on the claim, or (3) in cases decided below the court level, any amount that may have been agreed upon by the attorney and claimant as the fee for the attorney's services. The law does not permit direct payment to representatives except as indicated above; thus, if the representative is not an attorney at law (or there is an insufficient amount of accrued benefits to cover payment of an attorney's fee) the representative must look to the claimant for payment after his fee has been authorized by the Administration.

PENALTY FOR CHARGING UNAUTHORIZED FEE

Any representative who charges or collects an unauthorized fee for services performed in connection with a social security claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under section 206 of the Social Security Act which provides that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500 or by imprisonment not exceeding 1 year, or both.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

24

TRANSCRIPT

In the case of

Edward G. Santangelo
(Claimant)

Claim for

Period of Disability and
Disability Insurance Benefits

(Wage Earner) (Leave blank if same as above.)

084-12-8851
(Social Security Number)

Hearing Held

at

Jamaica, New York

on

March 13, 1975

APPEARANCES:

Edward G. Santangelo, Claimant
John M. Loosen, Representative
Dr. Charles P. Fonda, Vocational Expert

Arthur J. Aronson
Hearing Examiner

Charlotte L. Zipser
Hearing Assistant

INDEX OF TRANSCRIPT

In the case of:

Account Number:

Edward G. Santangelo
Claimant and Wage Earner

084-12-8851

Testimony of Mr. Santangelo.....Commencing p. 4

Testimony of Dr. Fonda.....Commencing p. 20

(This is the transcript of the hearing held at Jamaica, New York, on March 13, 1975, before Administrative Law Judge ARTHUR J. Aronson, in the case of Edward G. Santangelo, claimant for period of disability and disability insurance benefits, social security number 084-12-8851. The claimant appeared in person and was represented by Mr. John M. Loosen. Also appearing at the hearing was Vocational Expert Dr. Charles P. Fonda.)

(The hearing commenced at 11:43 a.m.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

Mr. Santangelo, my name is Arthur Aronson -- do you hear me?

CLAIMANT: Yes.

ADMINISTRATIVE LAW JUDGE: My name is Arthur Aronson. I'm a United States Administrative Law Judge. I'm assigned to the Bureau of Hearings and Appeals of the Social Security Administration.

The reason I tell you that I'm not a member of any prior agency that made any decisions in your case, and then you are, therefore, receiving before me today what is known as a de novo hearing. That means we start in the beginning and mine is ^{the} authority to reverse or affirm what's happened before.

The first thing I want you to do is to relax here today. These hearings are informal. We're not bound by the normal rules of evidence that prevail in courts of law.

2

Number two, I want you to know that you are entitled to be represented by counsel here today. Do you wish to be represented by counsel?

CLAIMANT: I have a representative here.

ADMINISTRATIVE LAW JUDGE: Would you state your name and address for the record, sir?

REPRESENTATIVE: My name is John M. Loosen, Disabled American Veterans, 252 7th Avenue, New York, New York.

ADMINISTRATIVE LAW JUDGE: John M. what?

REPRESENTATIVE: Loosen. L-O-O-S-E-N.

ADMINISTRATIVE LAW JUDGE: L-O-O-S-E-N?

REPRESENTATIVE: Yes, sir.

ADMINISTRATIVE LAW JUDGE: You're from the DAV, Mr. Loosen?

REPRESENTATIVE: Yes, sir.

ADMINISTRATIVE LAW JUDGE: Mr. Loosen, have you seen the file in this case?

REPRESENTATIVE: Yes, I have.

ADMINISTRATIVE LAW JUDGE: Do you have any objection to my marking into evidence now Exhibits 1 through 28 which are in the claimant's file?

REPRESENTATIVE: No, I don't.

ADMINISTRATIVE LAW JUDGE: Let me explain the Social Security Law, Mr. Loosen. I haven't seen you before and I don't want to take advantage of you

3

by proceeding with a case when you might not be familiar with the Social Security Law.

The Social Security Law provides that a claimant is entitled to be held to be disabled and entitled to the payment of disability insurance benefits under certain conditions. One, he must have a disability. The disability must be the physical or mental -- leave it open. Leave it open. It was pretty warm in here before -- and the disability must last for a least a period of 12 months.

Number two, we go to the second step. We find he has such a disability and then we must determine whether or not the disability is severe as to prevent him from what the law says from engaging in substantial gainful employment. That means based on his age, education, his work history and his disability, I must find that there is no job that he can fill in the national economy or in the region in which he lives. *see law*

Certainly, from the DAV, you know that there are many veterans that come home from the various wars without arms and legs, but they work every day. And if they work every day, they are capable of substantial gainful employment; and so, under the definition of this law, they're not entitled to benefits. *lead*

And that is, in substance, the definition of the Social Security Law. And that's why we have Dr. Fonda here. He's a Vocational Expert. He will advise me, after hearing the claimant's testimony and having studied his file, whether or not this claimant has a vocational potential. And if he has, he'll tell me whether he has; if he hasn't, he'll tell me he doesn't and why.

Now, you, Mr. Santangelo, will you raise your right hand.

(The claimant, EDWARD G. SANTANGELO, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE

Q You were born on September 12, 1920?

A September 10, 1920.

Q Where in Pennsylvania?

A In Wilmerding.

Q How do you spell it?

A W-I-L-M-E-R-D-I-N-G.

Q And you went to school there?

A No. I went to school in New York.

Q Did you graduate from elementary school?

A Yes.

Q High School?

A Yes.

5

Q Did you go to college?

A I've taken some courses in college, but

Q What college?

A Pace.

Q Pace College?

A Pace College - County. I took a two-year course there, but I had to drop out because I failed Accounting and was unable to understand the course through conversation and --

Q Don't worry about it. I'm just trying to get an idea about your educational background. How old were you when you got your first job?

A 18.

Q What kind of a job was that?

A That was a clerical job with the Radio Company.

Q With who?

A The Radio Company.

Q What did you do there?

A Oh, I did personnel work, also, helped out with the payroll. And --

Q How long did you work there?

A 'Til I entered the service - about 2 years.

Q When did you enter the service?

A When did I enter the service? August of 1942.

6

Q And in the service, what were you?

A I, uh, what was I, uh rank? Or --

Q Artillery man or --

A I was in - started off with a training camp at (inaudible), in Aberdeen, rather, and then I was transferred to Camp (inaudible) where I did, also, clerical work, personnel, paper work and what have you.

Q How long were you in the service?

A Three and a half years.

Q So you came out of the service when?

A In February of '46.

Q Any combat?

A Pardon?

Q Any combat action?

A No, no combat.

Q And when you came out of the service, what was the first job you got when you came back?

A I went to work for a Market Express Company (phonetic).

Q And how long did you work for them?

A Approximately 20 years.

Q 20 years? What did you do there?

7

A I started off as a correspondent and assistant worked myself up to an/inspector. In charge of administrative investigations of the company.

Q And when did you leave there?

A In 1965 - April.

Q Under what conditions did you leave there -- you resigned or they fired you?

A No, they, they had put me into another job because of my hearing condition. I wasn't able to follow instructions and orders. Very menial tasks. And in the meantime, another party that worked there worked for First National City Bank and he asked me if I'd like to go to work for him. And I said that I thought that this would be a good opportunity to take advantage of it so that I won't be left out in the cold--

Q National City Bank?

A Yes. City Corporation, as it is known today.

Q And how long did you work for the National City Bank?

A Up until --

Q From when to when?

A From 1965 until 1972.

8

Q And what did you do for them?

A About the same type of work there because of my experience. That's why they hired me there.

Q And you stopped working on March 15, 1972?

A Yes.

Q Have you done any work since?

A No, sir.

Q Are you married?

A No, sir.

Q Do you own or drive your own car?

A No. I don't own a car. I did, but I had to give it up. I feel that I shouldn't be driving.

Q Okay. And how did you come here today?

A My brother drove me.

Q You live with who?

A I didn't get that.

Q Who do you live with?

A I live with a brother of mine and a sister of mine.

Q Brother and sister-in-law?

A No. Sister.

Q Brother and sister? Do you own your own house?

A No, I don't own it.

9

Q You have one room in this house?
Do you do any of the cooking in the house?

A I cook for myself at times when my
sister's not there.

Q Do you do any of the cleaning in
the house?

A No.

Q Do you do any of the shopping?

A No.

Q What did you do yesterday from the time you
got up in the morning until the time you went to sleep
at night, specifically.

A I get up about the same time every morning --

Q What times is that?

A About 7:30 every morning. I'm awake way
before that, but 7:30 I get out of bed. It takes me
about a half hour to three quarters of an hour to get
out of bed because I've developed a bad sciatica
condition --

Q You have a sciatica condition?

A And also a deterioration of the disc,
lumbar disc. I have breakfast.

Q You have breakfast?

A Yes. Coffee. Coffee and toast. And

10

a neighbor came over and I sat awhile and talked with him. And then I read the paper. Watched a little bit of television. And that's about it.

Q Did you do any walking yesterday?

A No.

Q What time do you go to sleep at night?

A About 11, 11:30.

Q You can't hear at all out of your left ear?

A Pardon?

Q You can't hear out of your left ear at all?

A No.

Q Whatever you're hearing today is out of your right ear?

A Yes.

Q Counsellor, I don't see anything here from the Veterans Administration with regard to a back condition.

REPRESENTATIVE: No, there isn't. There's just a statement from his private doctor. A short --

ADMINISTRATIVE LAW JUDGE: Have you got any additional evidence to submit here today?

REPRESENTATIVE: No, I -- I could tell you what exhibit it is. Exhibit 16. Dr. Croft (phonetic) states -- back condition.

11

Q We got this other statement here on a prescription blank from Dr. Ramirez which I think is in Spanish.

REPRESENTATIVE: There's a short mention of a back condition, but there's--

ADMINISTRATIVE LAW JUDGE: Well, I can't read Spanish, so I wouldn't know.

REPRESENTATIVE: There's a translation.

ADMINISTRATIVE LAW JUDGE: Now, Counsellor, this kind of a statement is nonsense. To tell me he has strong lumbar pains with irrigations of (inaudible). What did he do to find this out? What do the X-rays show? What do the X-rays tell me?

REPRESENTATIVE: Alright. The claimant has stated to me prior to the hearing that he did receive some treatment at the VA Outpatient Clinic in New York.

BY ADMINISTRATIVE LAW JUDGE:

Q Okay. Right. Now how far can you walk if you tried?

A About no more than a couple of blocks, I would say.

Q And you have a nervous condition? What
do you mean by a nervous condition?

A Well, it's hard to describe.

Q I know it's hard to describe. I was
only trying to get some idea.

A I get very irritable. Everything bothers
me. I no longer attend social functions, because
it's no end of embarrassment to me. I feel very
uneasy. Ridiculed.

Q You say people ridicule you?

A Yeah. When I don't understand what's
goin' on, and I come out with another statement that's--

Q Are you getting any psychiatric treatment?
Do you go to a psychiatrist?

A The only treatment that I got was at
the Veterans Administration.

Q Veterans Administration. How often do you
go there?

A How often do I go there? About once a
month or so, once every two months. Not specifically
for psychiatric treatment.

Q What are you - ashamed of them? It's nothing
to be ashamed of, Mr. Santangelo. A lot of people are
sick, and sickness takes many forms. And being
neurotic or psychotic, psychiatric, these are all forms

13

of sickness. Nothing to be ashamed of. <You'd be surprised how many people are sick.> When did you go to VA for treatment last?

*This is an
unintentional
statement*

A I don' remember. A few months ago.
I go for treatment mostly with a private doctor
'cause he's located nearby and gives me treatment
for my back condition.

Q Who is that?

A Dr. Cross (phonetic). *Dr. Cross*

Q Dr. Cross - I see. Okay. I have no
further questions. Do you want to question him,
sir?

Oh, wait a minute. Dr. Cross, does he give you
any medicines for your condition?

A Yes, he does.

Q What does he give you?

A Well, for my back he told me that I have to
sleep on a firm mattress and he gave me a bedboard.
I'm required to put a bedboard under the bed, which I
do. And also he gives me injections when I go for a
bad, when I have a real bad pain. Sometimes he sprays
it with some ethochloryde (phonetic) and he prescribes
Demerol pills. For my nervous condition he prescribes
Myltown or Valium. I'm on Myltown at the moment.

Q I understand. I take it myself.

A Okay.

Q I have no further questions.

EXAMINATION OF CLAIMANT BY REPRESENTATIVE:

Q Mr. Santangelo, in regards to your back condition. Can you explain to us the symptoms that you have with your back condition?

A Yes. I have stabbing pains in my back, it's a recurrent thing. It's an inflammation or a feeling of inflammation and it keeps gnawing at me. And I find it very difficult. I'm limited as to my ability to get around as a result.

Q How often do you have this feeling?

A This is quite often. It's, as I said, it's a recurrent thing. Mostly yes and no. I have difficulty putting my shoes on in the morning. I can't bend down, or my stockings, and I need help on occasions to do that. I have a long shoe horn that I use to put my shoes on.

Q Have you had problems sleeping at night because of your back?

A Yes. I toss and turn. And I just can't get to sleep. I'm very restless. It takes me about a half hour to three quarters of an hour to get out of bed in the morning. Just to get myself lined up to get out of bed.

See
p. 37-38

15

Q Does this happen every morning?

A Yes.

Q Do you give yourself any treatment?

A Yes, I use a hot, lamp, a heat lamp.

And I take sitz (phonetic) baths twice a day.

Q How often do you use a heat lamp?

A The heat lamp I use once a day and I
take sitz baths twice a day.

Q Now, you mentioned you take Demerol
for pain. Do you take this on a daily basis?

A Yes. Three tablets a day.

Q Does this relieve the pain?

A It helps.

Q Do you do any extreme activities at all?

I mean, walking or picking up things?

A No, I was told by the doctor to restrict
myself from doing any activities at all.

Q With regards to your nervous condition,
do you have any social life at all?

A No, none whatever. As I mentioned before,
I feel very uneasy at these functions and embarrassed,
socially embarrassed.

Q What was your main reason for leaving
American Express?

A American Express was on the verge of getting
rid of me, I believe. They transferred me from an

official position to a position of no consequence. The - position of no consequence as an analyst where I didn't have to face the public. And this other gentleman from the First National City called me and asked me if I wanted to go to work for him. He had an opportunity in the Refund Area as an official and I said, well, yes, I'd be happy to come down. I thought I'd take advantage of this opportunity to stay employed, so to speak.

Q How long were you employed at First National City?

A Since 19, 1965 until 1972.

Q What was your reason for leaving First National City?

A Well, the same situation happened there. This vice-president told me that I wasn't communicating, I wasn't getting my investigations correct, particularly that I had alot of telephone investigations to do as well as facing the public for the investigation. Due to my hearing, he told me that he was doing away with my job.

Q So did you leave on your own or were you asked to leave?

A Well, I was asked to leave in the sense that--

17

ADMINISTRATIVE LAW JUDGE: You would say you mutually agreed to break your relationship, is that it?

CLAIMANT: Not mutually, no. Because I want to stay employed. I don't --

ADMINISTRATIVE LAW JUDGE: I know.

CLAIMANT: I, uh, he says, "well, go out and take the month off and if we find another job for you in this big outfit, why, we'll let you know," and by that time, a month went by and I telephoned and I went to see the personnel officer there and they said they had nothing for me as well.

BY COUNSEL:

Q This was in '72 now?

A Yes. This was in '72. Then, after that time, I had written to the Civil Service Commission for a rating on my experience and they sent back an experience - based on my experience - a rating for a Grade 13 federal with the government. And I immediately started to apply to all the federal agencies for employment and received replies from them that they had nothing for me.

I also tried with some private organizations. I tried American Express again and they had nothing for me and First National City again and they had

nothing for me.

Q And after this, what did you do? Did you seek treatment from the Veterans Administration?

A Yes. I went to the Veterans Administration and sought treatment about that time. I think it was, what, in May 1972, and after several treatments, they decided that I wasn't capable of working anymore due to my hearing and nervous condition. To do so would aggravate my condition even worse.

Q Now, in regards to your back condition, I'd like to go back, Mr. Santangelo. Prior to the hearing, you told me you received some treatment and some X-rays. Was this at the Veterans Administration?

A Yes. Yes. As a matter of fact, I'm wearing the corset that the Veterans Administration gave me.

Q How long ago was this?

A This was in 1973. Sometime, I don't recall.

Q When they X-rayed you?

A Yes.

Q Was this the New York Regional Office?

A New York Regional Office, yes.

19

ADMINISTRATIVE LAW JUDGE: Counsel, can you get the VA to send me their report of their X-rays?

REPRESENTATIVE: I'll do that as soon as I get back.

ADMINISTRATIVE LAW JUDGE: I can tell you what I'm going to do. I'm going to send him back for an orthopedic examination by Social Security for the State Agency. I'm also going to request a complete neuro-psychiatric evaluation for our purposes.

I see a very agitated man moving around constantly in front of me here today at this hearing and I want that on the record. I see the VA has rated him 50 per cent for an anxiety neurosis. I'd like to see how severely disabled he is for our purposes.

Our definition of disability is entirely different from the VA. But I'd like to satisfy, in my own mind, how severely disabling that back and that nervous condition is. And after this hearing is over, I will make my request and he will be examined. Okay? No objection?

REPRESENTATIVE: No objection.

ADMINISTRATIVE LAW JUDGE: Any further questions?

REPRESENTATIVE: No, sir.

(The Vocational Expert, DR. CHARLES P. FONDA, having been first duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY
ADMINISTRATIVE LAW JUDGE:

Q Dr. Fonda, are you a vocational expert on the panel of vocational experts maintained by the Social Security Administration?

A I am.

Q And you are paid to come here today to testify?

A Yes, I am.

Q Did you and I, in any shape or form, discuss this claimant's case before your testimony today?

A No, we did not.

Q Did my assistant send you the claimant's file so you could prepare yourself to come here today to testify?

A Yes, she did.

Q Dr. Fonda, how do you make a vocational evaluation of a given claimant?

A After reviewing the information on file concerning the individual's education, training, work experience and make an estimate of the residual functional capacity, (then) a survey is conducted of the occupations that would make use of the abilities and experience that the individual has achieved and an

investigation is then conducted by means of interviews with personnel people in (inaudible) and published documents and information to determine the existence of such jobs and what they involve and so on.

Q Do you check the newspapers to see what jobs are available?

A Yes, the classified advertising.

Q Dr. Fonda, we have a claimant here, born in 1920, which makes him 54 years old, graduated elementary and high school, went to college for two years, obviously moving around and fidgeting here today, at about 18 got his first job at a radio company doing payroll and personnel work until August 1942 when he was inducted in the United States Army and served for three and a half years until early '46. When he returned from the service, he got a job at the American Express Company where he worked, beginning as a correspondent, and worked himself to some executive position with them over a period of 20 years.

And they let him go, apparently, from what I hear today and what I see in this file, because they were having problems with him. He then went to the National City Bank where he worked from '65 to '72 in the same kind of job and, probably, I gather, they let him go on the same basis.

He's single, lives alone with his brother and sister, does no driving, he contends he's antisocial, he takes care of his own personal needs, he's disturbed with a back condition, has a loss of hearing in one ear, is - you're receiving how much a month from VA?

CLAIMANT: 100 percent.

ADMINISTRATIVE LAW JUDGE: You're getting a hundred per cent now from VA?

CLAIMANT: Yes.

ADMINISTRATIVE LAW JUDGE: I thought this rating was for 50.

REPRESENTATIVE: He's rated 50 per cent for his nervous condition and 10 per cent for a hearing condition. It's a combined 60, but they're giving him total disability for reason of unemployability.

ADMINISTRATIVE LAW JUDGE: Combined 60?

REPRESENTATIVE: But they have a special code 18, in the Veterans Administration, since he's considered by them unable to secure gainful employment, they --

ADMINISTRATIVE LAW JUDGE: How much does a hundred per cent amount to?

REPRESENTATIVE: 584.

ADMINISTRATIVE LAW JUDGE: 584 a month?

*Seems
VE should
want to
see info
from VA
forming
basis of
100%
rating.*

Precedent

REPRESENTATIVE: And he has no future exams with the VA. As I know, it has no bearing on this.

ADMINISTRATIVE LAW JUDGE: Okay.

BY ADMINISTRATIVE LAW JUDGE:

Q He has been rated to be 100 per cent disabled by the Veterans Administration, which is not binding on us, of course.

And from what you've just been hearing and what you've seen in this file, Doctor, tell me, does he have a vocational potential and if so, in what fields and if he doesn't, why not.

A Well, of course, the observations that I've been able to make today and the information in the file doesn't present to me conclusive indications of unemploymentability.

I base this on the fact that his thinking seems to be clear, his physical condition seems not to be over whelmingly incapacitating. By taking into account, however, the difficulties that he mentioned in connection with his work history, I would think that perhaps to become employed, he might need to find an occupation that entails less responsibility, less communication, less interaction with other people, than was the case in his previous work.

VA
Not
binding?

4/11/12

Now, jobs of this kind that would make use of his training and experience are very numerous in this area. Most of them are sedentary and all of them - none of them - make much physical demands on the individual. They're classified as clerical work.

CLAIMANT: I'd like to point out one thing here--

ADMINISTRATIVE LAW JUDGE: He's testifying. You'll have time to ask questions.

CLAIMANT: Alright. I'm sorry.

ADMINISTRATIVE LAW JUDGE: Continue, Doctor.

DR. FONDA: I'd like to say that, of course, my function here is not that of a vocational counsellor, so that I am not actually suggesting that the jobs that I feel you could do are not necessarily the ones that you should apply for, but these are examples of the kinds of work that exist in considerable amount.

I notice that one of the jobs that he was transferred to from American Express was an analyst and this was presumably along the lines of the work that I had in mind.

Q For instance, specifically.

A Well, there's work in banks such as clerical work, there's sorting clerk--

Q Accounting clerk?

A Sorting. Or insurance clerk, or collateral, safe keeping clerk. These are all jobs that involve no social interaction. There are other clerical jobs; for example, they have titles like coding clerk, --

Q What kind of clerk?

A Coding. And compiler, mail clerk, these, these are examples of a very large number of occupations in the clerical field that meet all the qualifications that we mentioned. They essentially require much less training, for example, than Mr. Santangelo has had, and much less experience. Now if for any reason it was felt undesirable, if you felt it undesirable to return to clerical work, there are occupations of a manual nature that make minimal physical demands on an individual.

They are classified as light or sedentary. They don't require lifting anything more than 10 or 20 pounds. Of these, machine operation is the type that would seem to me to meet the needs of the situation because the interaction is only with the machine. It's a repetitive operation that puts minimum stress on the individual. Jobs of this type have titles like power press tender -

Q What's that?

A Power press tender. Or spinning lathe operator or assembly press operator. These all are jobs that people employed in them receive their training on the job. As far as I can see, there is nothing that I've observed today and in the record that would contraindicate this type of work.

Q Okay. Your witness, Counsellor.

EXAMINATION OF VOCATIONAL EXPERT BY REPRESENTATIVE:

Q Do you feel that his age would have any bindings?

A As far as I can tell, all of these occupations are well within the capacities of a man his age. Yes.

Q I have no further questions.

ADMINISTRATIVE LAW JUDGE: Okay. Anything else you want to ask?

CLAIMANT: I wanted to state before that this question of transportation to these places. I can't--

ADMINISTRATIVE LAW JUDGE: Any problem?

CLAIMANT: I'm not supposed to travel. By any means of transportation. Except I can go by automobile and I don't have an automobile and I can't drive.

Court
H. Davis

27

ADMINISTRATIVE LAW JUDGE: Okay. I've made a note of that.

I'm gonna send him back for an orthopedic and psychiatric evaluation. I wanna know exactly how severely disabled he is. That's all for today. Thank you very much, the hearing is closed.

(The hearing was closed at 12:17 p.m.)

HEARING ASSISTANT: The record is reopened at Jamaica, New York, on June 2, 1975, to submit the following evidence into the record:

Exhibit 29 - Letter from Veterans Administration Outpatient Clinic dated March 14, 1975, 3 pages.

Exhibit 30 - Report from Hyman M. Weiselberg, M.D., dated May 2, 1975, 1 page.

Exhibit 31 - Professional Qualifications, Hyman M. Weiselberg, M.D., 1 page.

Exhibit 32 - Report from Jacob H. Turkell, M.D., dated May 3, 1975, 4 pages.

Exhibit 33 - Professional Qualifications, Jacob H. Turkell, M.D., 1 page.

Exhibit 34 - Report from Dr. Ann F. McHugh, undated, 2 pages.

Exhibit 35 - Report from Martun U. Rudoy, M.D., re examination of claimant on May 8, 1975, dated May 15, 1975, 6 pages.

Exhibit 36 - Professional Qualifications, Martin U. Rudoy, M.D., 1 page.

Exhibit 37 - Face Acknowledgment Sheet, signed by claimant's representative, dated May 30, 1975, 1 page.

Exhibits 29 through 36 were presented to claimant's represented and upon presentation, face acknowledgment sheet was signed by claimant's representative on May 30, 1975.

Exhibits 29 through 37 are entered into the record.

There being no further evidence, the record is closed.

* * * * *

CERTIFICATION

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing held in the above case before Administrative Law Judge Arthur J. Aronson.

Lori Sanjiau
Lori Sanjiau
Transcriber



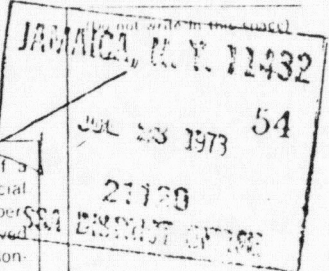
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

APPLICATION FOR DISABILITY INSURANCE BENEFITS

If you are awarded monthly benefits based on this application, you will automatically have hospital and medical insurance protection under Medicare after you have been entitled to social security disability benefits for 24 consecutive months or at age 65, whichever occurs first.

NOTICE.—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

Form Approved
OMB No. 72-R0530



I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II and Title XVIII of the Social Security Act, as amended.

1. Print your full name (First name, middle initial, last name) Edward G. Santangelo		(Check One) ☒ Male ☐ Female	Enter your Social Security number 084 12 8851	
2. Enter your date of birth (Month, day, and year) 09/12/20		Enter the name of the State or foreign country where you were born PA.		
3. (a) Have you (or has someone on your behalf) ever been filed an application for a period of disability or social security benefits? ☐ Yes (If "Yes," answer (b), (c), (d), and (e).) ☒ No (If "No," go on to item 4).		(b) What kind of application did you file (for example, wife's, widow's, disability)?		
(c) Enter name of person on whose earnings record you filed other application		(d) Enter Social Security Number of person named in (c) (If unknown, so indicate)		(e) Are you now receiving benefits on this record? ☐ Yes ☐ No
4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) NERVOUS CONDITION, DEPRESSION				
5. (a) When did you become unable to work because of your disability? 03/15/72		Date (Month, day, and year)		
(b) Are you still disabled? ☒ Yes (If "Yes," go on to item 6.) ☐ No (If "No," answer (c).)				
(c) If you are no longer disabled, enter the date you were again able to work.		Date (Month, day, and year)		
6. Check any of the following which apply to you: 1 (Spq)				
(a) ☐ Confined in a medical institution other than a general hospital		(d) ☐ Confined in a chair chair including wheel chair		
(b) ☐ Patient in a general hospital		(e) ☐ None of the above but unable to go outside		
(c) ☐ Confined in bed at home		(f) ☐ Able to go outside but only with help of another person or device		
		(g) ☒ Able to go outside without help		

7. (a) Have you EVER filed (or do you intend to file) claim(s) for disability benefits under any workmen's compensation law or plan?
☐ YES (If "Yes," answer (b) and (c).) ☒ NO (If "No," go on to item 8.) 55

(b) Workmen's compensation claim numbers _____

(c) Has there been any decision or any TYPE of payment (e.g., lump sum, partial, total, permanent, temporary, etc.) made on any claim filed?
☐ YES (If "Yes," go on to item (d).) ☐ NO (If "No," go on to item 8.)

(d) Date of latest decision _____ (Show month, day and year.)
☐ Claim Awarded. If awarded, go to item (e).
☐ Claim Denied. If denied, go to item (f).

(e) The award was for a
☐ Lump sum payment of \$ _____ for _____ weeks.
☐ Weekly, bi-weekly, or monthly payment (circle the correct type) of \$ _____
 The period(s) covered by the above payment(s) was _____ to _____
(month, day, and year) (month, day, and year)

(f) Have you or has someone on your behalf filed an appeal of any decision or Payment made?
☐ YES ☐ NO

8. Did you work in the railroad industry any time on or after January 1, 1937?

☐ Yes ☒ No

9. (a) Were you in the active military or naval service after September 7, 1939?

☒ Yes (If "Yes," answer (b), (c), and (d).) ☐ No (If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.) and country served (If other than U.S.A.)

Army

(c) Enter dates of service below:

From: 08/24/42 To: 02/24/46

(d) Have you received, or do you expect to receive, a benefit from any other Federal Agency?

☒ Yes (If "Yes," answer (e).)
☒ No (If "No," go on to item 10.)

(e) Name the other Federal agencies

V.A.

10. • Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.
 • If you worked in agricultural employment, give this information for this year and last year.
 If neither of the above applies, write "None" below and go on to item 12.

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	WORK BEGAN		WORK ENDED (If still working, show "Not Ended")	
	Month	Year	Month	Year
NONE				
(If you need more space, use "Remarks" space on the back page.)				

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before?

☐ Yes (If "Yes," answer item 13.) ☒ No (If "No," go on to item 14.)

CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED	IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED? (For example, storekeeper, farmer, physician)	WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS \$400 OR MORE? (Check "Yes" or "No")
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

14. How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None") \$ 8000 56

15. (a) How much have you earned so far this year? (If none, write none) \$ None
 (b) Did you receive any money from your employer(s) on or after the date in item 5(a) when you became unable to work because of your disability? ☒ Yes ☐ No
 (c) Do you expect to receive any additional money from your employer such as sick pay, vacation pay, or other special pay? ☐ Yes ☒ No
 If your answer to (b) or (c) is "Yes," please give amounts and explain in "Remarks" on the back page.

16. (a) Check (✓) whether you are:
☐ Married (Whether living together or separated) ☐ Widowed ☐ Divorced ☒ Single
 (If you checked "MARRIED" or "WIDOWED," complete (b) and (c) if appropriate.) (If you checked "DIVORCED" or "SINGLE" go on to item 18.)
 (b) Enter your wife's maiden name or your husband's name: _____ Date of birth (If unknown give age): _____ Date of marriage: _____ Date of death (If deceased): _____ Your wife's or your husband's Social Security Number (If none or unknown, so indicate): _____
 (c) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☐ No

17. Answer item 17 ONLY if your husband or wife is applying for benefits.
 (a) Check (✓) whether your marriage was performed by:
 Clergyman or authorized public official ☐ or other ☐ (Explain) _____
 (b) Were you married before your present marriage? ☐ Yes ☐ No
 (If "Yes," give the following information about each of your previous marriages.)

Previous marriage	To whom married	When (Month, day and year)	Where (Enter name of city and State)
	How marriage ended	When (Month, day and year)	Where (Enter name of city and State)
Previous marriage	To whom married	When (Month, day and year)	Where (Enter name of city and State)
	How marriage ended	When (Month, day and year)	Where (Enter name of city and State)

(Use "Remarks" space on back page for information about any other marriage.)

Your child: (including natural children, adopted children, and stepchildren) or dependent grandchildren (including step-grandchildren) may be eligible for benefits based on your earnings record.

18. (a) Do you have ANY children who are now or were in the past 12 months UNMARRIED and:
 • UNDER AGE 18
 • AGE 18 TO 23 AND ATTENDING SCHOOL
 • DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22)
 Number of children (If none, write "None") None
 If you have children who may qualify for benefits under any of the above conditions, answer (b) and (c).
 (b) Full Name of Child: _____ Full Name of Child: _____
 (c) Do you wish to apply on behalf of all the children named in (b) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? ☐ Yes ☐ No
 If you are not applying for any child you name, enter the child's name under "Remarks" (back page of this form) and explain why you are not applying for such child. You may apply for a child even though you do not wish to be the payee for the child's benefits.

(Over)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you when you became unable to work because of your disability?
☐ Yes ☒ No

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?
☒ Yes ☐ No

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur?
☒ Yes ☐ No

Remarks: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

I received fifteen (15) weeks of severance pay after stopping work due to my disability.

IMPORTANT INFORMATION, PLEASE READ CAREFULLY.—A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF APPLICANT

Signature (First name, middle initial, last name) (Write in ink)

SIGN
HERE

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State

ZIP Code

Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

September 17, 1973

58

BUREAU OF
DISABILITY INSURANCE

REFER TO:

034-12-8851

Mr Edward G Santangelo
104 49 214th St
Jamaica NY 11429

Dear Mr. Santangelo:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records, including the medical evidence and your statements, and considering your age, education, training, and experience, it has been determined that your condition is not disabling within the meaning of the law.

Your social security record at the time you filed your application shows that you meet the earnings requirement for disability purposes until September 30, 1977. Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

If your condition should get worse and prevent you from doing any substantial gainful work, you should get in touch with any social security office about filing another disability application. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Sincerely yours, *2 (2 pgs)*

Harold G. Wanzer

Harold G. Wanzer
Director, Division of Initial Claims

Enclosure:
SSI-58

SSA-LB-58 1F (8-72)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12 quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement. One, he needs credit for 20 calendar quarters (5 years) of work during a 40 quarter period (10 years) ending in or after a quarter in which he is disabled. And second, he needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year his disability began. In the second instance, the credits may have been earned at any time.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 72-R0552

REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
EDWARD G. SANTANGELO

SOCIAL SECURITY CLAIM NUMBER
084-12-8851

NAME OF CLAIMANT (If different from person named above.)

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)

DISABILITY

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are: I FEEL THAT DUE TO THE GREAT SEVERITY OF MY
NERVOUS CONDITION + HEARING CONDITION, I AM UNABLE TO ENGAGE
IN ANY GAINFUL EMPLOYMENT. THIS CAN ALSO BE VERIFIED BY
THE VETERANE ADMIN. + MY OWN PRIVATE DOCTOR

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

LETTER FROM DR. PHILIP PROSS IN SUPPORT OF MY
CLAIM.

Signature (First name, middle initial, last name) (Write in ink)

SIGN
HERE

Edward G. Santangelo

Date (Month, day, year)

9/27/73

Telephone Number

HO-8-6376

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

04-49 214 ST.

City and State

QUEENS VILLAGE, N.Y. 11429

ZIP Code

11429

Enter Name of County (if any) in which you now live

QUEEN

Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, ZIP Code)

Address (Number and street, City, State, ZIP Code)

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER (City and State)	INTERMEDIARY NAME AND NUMBER (City and State)	SOCIAL SECURITY OFFICE ADDRESS
		<u>105-15 88 Ave.</u>
		<u>JAMAICA, N.Y. 11432</u>
		<u>3</u>

ROUTING INSTRUCTIONS (Check one)

☐ State Agency (Route with disability folder)

☐ Payment Center

☐

Intermediary

☐ BDI, Balto.

☐ DRB, Balto.

☐ Division of Foreign Claims, Balto.

☐ BDPA, Attn: CWAB, Balto.

☐ RO (Emergency)

FORM SSA-561 (4-71)

NOTE: Take or mail completed copies to your Social Security Office.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

61

BUREAU OF
DISABILITY INSURANCE

REFER TO
IT-67
084-12-0851

NOTICE OF RECONSIDERATION DETERMINATION

Mr. Edward G. Santangelo
104-49 214 Street
Jamaica, New York 11429

Dear Mr. Santangelo:

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in your State agency which works with us in making disability determinations. All the evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. A careful review has been made of this evidence taking into consideration your age, education, training and work experience. We find that the previous determination denying your claim for disability insurance benefits was proper under the law.

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

ISSUED BY: Division of Reconsideration
Bureau of Disability Insurance

Enclosure (1)

EXHIBIT 4

Copy sent to Mr. John M. L. Looser
Attorney at Law

SSA-LTR-110-731

10/11/73

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

62

IDI-67
084-12-8851

Mr. John M. Looser
Attorney at Law
National Service Office Disabled Veterans
252 Seventh Avenue
New York, New York 20001

Dear Mr. Looser:

This is in reference to Mr. Edward G. Santangelo's application for disability insurance benefits.

A copy of the reconsideration determination in Santangelo's case is enclosed. The letter explains the basis of our decision and informs Mr. Santangelo of his right to request a hearing before an administrative law judge of the Bureau of Hearings and Appeals if he believes the determination is not correct. At a hearing he may appear in person, submit any additional evidence, bring witnesses in his behalf and be represented by counsel.

If Mr. Santangelo or you as his representative have any questions or wish to request a hearing, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this letter with you.

Sincerely yours,

Robert J. Duvall
Director, Division of Reconsideration

Enclosure

FILE COPY

5

CANCELED

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
IDI-67	ED G SANTANGLO	2-14-71			

GPO 1973-484-762

Form 88-5
U.S. DEPARTMENT
OF TREASURY
Revised April 1959

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER CHAPTER 9, SUBCHAPTER A, OF THE INTERNAL REVENUE CODE
(FORMERLY TITLE VIII, SOCIAL SECURITY ACT)

084-12-

8851

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM
EACH ITEM SHOULD BE FILLED IN IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN"

PLEASE PRINT WITH INK OR USE TYPEWRITER

1. EDWARD GEORGE ANGELO
WORKER'S FIRST NAME MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME, DRAW A LINE)
(MARRIED WOMAN—FOR MIDDLE NAME, GIVE LAST NAME BEFORE MARRIAGE, FOR LAST NAME, GIVE HUSBAND'S LAST NAME)

2. FULL NAME UNDER WHICH YOU WORK, IF DIFFERENT FROM NAME SHOWN IN ITEM 1

3. 104-49 214th St. New York, N.Y.
WORKER'S PRESENT HOME ADDRESS (STREET AND NUMBER) (CITY) (STATE)

5. 19 Sept. 10, 1920
DATE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)

9. Wilmer Mary Penn
PLACE OF BIRTH (CITY) (COUNTY) (STATE)

10. Julian S. ANGELO
FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD

11. Mary BENNECASSA
MOTHER'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD

12. SEX: MALE ☒ FEMALE ☐
(CHECK (X) WHICH)

13. COLOR OR RACE: WHITE ☒ NEGRO ☐ OTHER ☐
(CHECK (X) WHICH) (SPECIFY)

14. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? YES ☐ NO ☒
(CHECK (X) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

15. FEB-26-40 16. Edward George Angelo
DATE SIGNED APPLICANT'S (DO NOT PRINT) SIGNATURE (FIRST NAME) (MIDDLE NAME) (LAST NAME)

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL OUT APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

Form 88-5
U.S. DEPARTMENT
OF TREASURY
Revised April 1959

EMPLOYEE'S REQUEST FOR CHANGE IN RECORDS

FORM APPROVED, BUDGET BUREAU NO. 72-R121-42

ACCOUNT NO.

084-12-8851

PRINT WITH BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE

1. IF REQUESTING NAME CHANGE, ENTER NEW NAME
HERE EXACTLY AS YOU WILL USE IT AT WORK EDWARD G. SANTANGELO
First name Middle name or initial (if none, draw line) Last name

2. EDWARD G. ANGELO
Name as last furnished for social security records

3. 104-49 214th St. Queens Village, NY.
Present mailing address—(Number and street) (City) (State)

4. 9-10-20 5. 9-10-20
Date of birth—(Month) (Day) (Year) Birth date previously reported if different from item 4

6. WILMERDING TALEGNEY PA
Place of birth—(City) (County) (State)

7. JULIAN SANTANGELO 8. MARY BENNECASSA
Father's full name, regardless of whether living or dead Mother's full name before ever married, regardless of whether living or dead

9. SEX: (MARK (X) WHICH) ☒ Male ☐ Female 10. COLOR OR RACE: (MARK (X) WHICH) ☒ White ☐ Negro ☐ Other ☐ Specify

11. UNEMPLOYED
Business name and address of employer (If unemployed, write "Unemployed") (Number and street) (City) (State)

12. REASON FOR FILING THIS REQUEST ALL RECORDS NOW APPEAR SANTANGELO
AS PER BIRTH RECORD

13. WHERE AND WHEN DID YOU GET YOUR ORIGINAL SOCIAL SECURITY CARD? N.Y. 2-26-40
State and date THE CARD IS: ATTACHED ☒ RETAINED ☐ LOST ☐ (MARK (X) WHICH)
Attach your old card if you want the name on it changed

14. 19 July 46 15. Edward G. Santangelo
Date of filing a date Write your name as you usually write it. (Do not print) Use black or dark blue ink

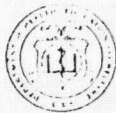
EXHIBIT

6

FORM SSA 724 (1-73)

EARNINGS RECORD - P.I.A. DETERMINATION

ACCOUNT IDENTIFICATION										PERTINENT DATES										ROP SIGNALS										
SOCIAL SECURITY NUMBER	NAME	DATE OF BIRTH	FILING	DEATH	ONSET	ELECTION REQUEST	SCM	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	ROP	IND	
034-6051	SAVIAN M	09-10-20	07-23-73		03-15-72	07-26-72																								
ESTABLISHED DISABILITY PERIOD																														
FROM 08/42 TO 12/46																														
EARNINGS RECORD DATA																														
QUARTER OF COVERAGE TESTS																														
GROSS EARNINGS TOTALS																														
TOTAL EARNINGS AFTER 1914																														
TOTAL EARNINGS AFTER 1939																														
139907.30																														
120533.09																														
ELECTRONICALLY DEVELOPED STATEMENT																														
BY																														
DATE 07/26/73																														
TYPE OF ACTION																														
DIB 10 72 120																														
BLKS 265																														
BOP REMARKS																														
DIS DLI 09/30/77																														
FULLY INS RIB UNIT DEB																														
EARN AFT ONSET																														
GROSS RESIDUAL																														
BENEFIT COMPUTATIONS																														
TYPE																														
FIRST BASE YR																														
LAST BASE YR																														
DIVIDEND																														
GROSS BASE																														
EARNED PIA																														
DM																														
I/Y																														
MS																														
PIA																														
CURR																														
LUMP SUM																														
RED MOS																														
REDUCED BENEFITS																														
RETRO																														
CURR																														
VS 65 DIS EX 1951 1971 90600.00 NCNE 51-71 192 259.40Z																														
VS 65R DIS EX 1951 1972 95287.99 NCNE 51-71 192 267.80P																														
VS 65R 267.00 NS 65 259.40																														
DO, PC OR BOP REMARKS																														
64																														
7																														
EXPIRE																														



MEDICAL HISTORY AND DISABILITY REPORT
(Please type or print clearly)

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT <i>Edward C. SANTARIC-EL</i>		SOCIAL SECURITY NUMBER <i>084-12-8851</i>
AGE LAST BIRTHDAY <i>52</i>	EDUCATION (Highest grade completed) <i>2 yrs of college</i>	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING <i>65</i>
WHAT IS CLAIMANT'S ILLNESS OR INJURY? <i>NERVOUS CONDITION; DEAFNESS</i>		

I.A. When did your illness or injury first bother you?	MONTH, DAY, YEAR <i>1950</i>
B. When did your illness or injury finally prevent you from working? ..	MONTH, DAY, YEAR <i>03/15/72</i>
C. Explain why you stopped working. <i>was dismissed by my employer because of lack of communication</i>	

D. Did you return to work after the date shown in I.B. above?	☐ Yes	☒ No
Answer this question only if the dates in I.A. and B. above are not the same.		
E. Before you stopped working, did your illness or injury cause you to change:	☐ Yes	☒ No
Your job or job duties?	☐ Yes	☒ No
Your hours of work?	☐ Yes	☒ No
Your attendance?	(Explain how your condition caused these changes and show the dates the changes were made).	

CASE NO

877 pp

II.A. List the name, address and telephone number of the doctor who has your latest medical records. If you have no doctor, check here ☐

NAME PHILIP PRESS M.D. ADDRESS 229-21 Hollis Ave
 AREA CODE AND TELEPHONE NUMBER PH-212-4165-2927 BELLGARD, NY 66
 HOW OFTEN DO YOU SEE HIM? MONTHLY DATE YOU FIRST SAW HIM 6/3/72 DATE YOU LAST SAW HIM 06/73
 REASONS FOR VISITS NERVOUS TENSION

TYPE OF TREATMENT RECEIVED

PHYSICAL EXAMINATION, NERVES

medication

B. Have you seen any other doctor since your illness or injury began? ☐ Yes ☒ No
 If "Yes," show the following:

NAME	ADDRESS
AREA CODE AND TELEPHONE NUMBER	
HOW OFTEN DO YOU SEE HIM?	DATE YOU FIRST SAW HIM
DATE YOU LAST SAW HIM	
REASONS FOR VISITS	

TYPE OF TREATMENT RECEIVED

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5. ☐ Yes ☒ No

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☐ Yes ☒ No
 If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC	ADDRESS
PATIENT OR CLINIC NUMBER	
WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT)	DATES OF ADMISSIONS
☐ Yes ☐ No IF "YES,"	DATES OF DISCHARGES
WERE YOU AN OUT PATIENT?	DATES OF VISITS
☐ Yes ☐ No IF "YES,"	
REASON FOR HOSPITALIZATION OR CLINIC VISITS	

TYPE OF TREATMENT RECEIVED

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5. ☒ Yes ☐ No

D. Have you been seen by other agencies for your injury or illness? (VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.) ☒ Yes ☐ No
 If "Yes," show the following:

NAME OF AGENCY	ADDRESS OF AGENCY
<u>VETERAN ADMINISTRATION</u>	<u>252 7 Ave</u>
YOUR CLAIM NUMBER	<u>NYC</u>
<u>C-09231156</u>	
DATES OF VISITS	<u>1976 — 06/73</u>

TYPE OF TREATMENT OR EXAMINATION RECEIVED

HEARING EXAMINATION, PSYCHOLATENT EXAMINATION

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

III. Has your doctor told you to restrict your activities in any way? ☐ Yes ☒ No
If "Yes," give the name of the doctor and state what he told you about restricting your activities.

67

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☒ Yes ☐ No
If "Yes," describe how and why they are limited.

I cannot attend social function
Alone left alone I have no
home duties; I am able to
care for my own personal
needs

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 5.)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
Administrative Asst	BANKING	1946	03/22	5	250/wk

VI.A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.)

(JOB TITLE)

Administrative Asst

B. Describe the duties of your usual job in your own words:

I was in the field
of investigation of lost, stolen
Traveler checks I worked
with L.A. Inspector Agency
official from other A.B. long
applications and etc.

(CONTINUES ON TOP OF PAGE 4)

VI.B. (Cont.)

68

C. Did your usual job involve:

1. The use of machines, tools, or equipment
2. Technical knowledge or special skills
3. Any supervisory responsibilities

☐ Yes

☒ No

☒ Yes

☐ No

☐ Yes

☒ No

Please Explain All "Yes" Answers.

Knowledge of the investigation operation was mandatory

D. Please describe the kind and amount of physical activity involved in your job during a typical work day (circle number of hours in a day).

1. WALKING

0 1 2 3 4 5 6 7 8

2. STANDING

0 1 2 3 4 5 6 7 8

3. SITTING

0 1 2 3 4 5 6 7 8

Lifting and carrying (describe what was lifted, how heavy it was, how often it was lifted, and how far it was carried). *no heavy lifting was required*

VII. How does your illness or injury now prevent you from performing your usual job duties as described in Item VI.B?

*My hearing is diminished
My nervous condition prevent
me from staying in one place
for any length of time. I don't
sleep at nights I am always
fatigue I suffer from
depression, headaches and
loss of balance*

If you need more space for any answer, use Page 5

69

VI.B. (

C. [

1
2
3
4

D.

I. WALK

0

Lifting
carrier

VII. F

-X

-n

-/

-/

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

DATE

SIGN
HERE

Edward B. Santangelo

7/23/83

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

SOCIAL SECURITY NUMBER

Edward C. Sachtler

084-12-8851 70

IX.A. Observations

w/fe CAO Release

w/fe showed no physical
sign of any abnormal
w/fe had no problem
in communication nor did
he ~~show~~ show any
sign of any hearing loss.

Rev.
-0554

PRO-
time

No

No

No

No

B. Claimant requires assistance
If "Yes," show name, address, phone number and relationship of interested
person.

☐ Yes

☒ No

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

C. 1. MEDICAL DEVELOPMENT—NON SD

71

SOURCE	DATE REQUESTED	DATE FOLLOW UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE <i>VA House</i>		CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☒ NO	
DATE REQUESTED <i>12/1/71</i>	DATE RECEIVED	☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE	
SOURCE		CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO	
DATE REQUESTED	DATE RECEIVED	☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE	
SOURCE		CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO	
DATE REQUESTED	DATE RECEIVED	☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE	

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.
- For DO completed form.
If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SGA earnings guideline described in CM 6403(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA-401 TAKEN BY

☒ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER

FORM SUPPLEMENTED

☐ YES ☐ NO

If "Yes" by

☐ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

TITLE

DO OR BO

DATE

DC

CR

J. Johnson

7/23/71

**SELF-HELP**
MEDICAL HISTORY AND DISABILITY REPORT
(Please type or print clearly)Form Approved,
OMB No. H-0554

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT EDWARD G. SANTANGELO		SOCIAL SECURITY NUMBER 084-12-8851
AGE LAST BIRTHDAY 53	EDUCATION (Highest grade completed) 2yrs. COLLEGE	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING NONE
WHAT IS CLAIMANT'S ILLNESS OR INJURY? THINNING DISC. NERVOUS CONDITION AND HEARING CONDITION		72

I.A. When did your illness or injury first bother you?

MONTH, DAY, YEAR

3-17-72*

B. When did your illness or injury finally prevent you from working?

MONTH, DAY, YEAR

4-17-72

C. Explain why you stopped working.

THIS COULD BE EXPLAINED

IN THE FOLLOWING MANNER: I WAS FIRST EXPERIENCING DIFFICULTY IN HEARING, WHICH GREATLY AFFECTED MY WORKING ABILITY, EVENTUALLY THIS BROUGHT ON AN NERVOUS CONDITION, WHICH IS PRESENTLY MY MOST SERIOUS DISABILITY. I HAVE A GREAT AMOUNT OF DIFFICULTY IN FUNCTIONING IN A COMPETITIVE WORKING ENVIRONMENT, BECAUSE OF MY PROBLEM IN COMMUNICATING WITH OTHERS WHILE PERFORMING DAILY WORKING TASKS.

D. Did you return to work after the date shown in I.B. above?

☐ Yes☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?

☒ Yes☐ No

Your hours of work?

☒ Yes☐ No

Your attendance?

☒ Yes☐ No

(Explain how your condition caused these changes and show the dates the changes were made).

I WAS GIVEN ONE MONTH'S REST TO SEE IF I WOULD BE ABLE TO RETURN TO MY JOB.

EXHIBIT

9(8 pg)

II.A. List name, address and telephone number of the doctor who has your latest medical records.

If you have no doctor, check here ☐

NAME DR. PHILIP PROSS ADDRESS 209-21 HOLLIS AVE. 73
BELLHAIRE, N.Y. 11429
AREA CODE AND TELEPHONE NUMBER 212 HOS-2967
HOW OFTEN DO YOU SEE HIM? ONCE per MONTH DATE YOU FIRST SAW HIM 9/27/72 DATE YOU LAST SAW HIM 5/27/73
REASONS FOR VISITS HEARING CONDITION + NERVOUS CONDITION

TYPE OF TREATMENT RECEIVED

MEDICATION + TREATMENT FOR EARS

MEDICATION FOR NERVOUS CONDITION

B. Have you seen any other doctor since your illness or injury began? ☒ Yes ☒ No
If "Yes," show the following:

NAME ADDRESS
AREA CODE AND TELEPHONE NUMBER
HOW OFTEN DO YOU SEE HIM? DATE YOU FIRST SAW HIM DATE YOU LAST SAW HIM
REASONS FOR VISITS

TYPE OF TREATMENT RECEIVED

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC ADDRESS
V.A. REGIONAL OFFICE 252 7TH AVE
PATIENT OR CLINIC NUMBER 931 186 NY NY 10001
WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT) DATES OF ADMISSIONS DATES OF DISCHARGES
☐ Yes ☒ No IF "YES,"
WERE YOU AN OUT PATIENT? DATES OF VISITS LAST VISIT 10/17/73
☒ Yes ☐ No IF "YES," 5/24/72 - PRESENT

REASON FOR HOSPITALIZATION OR CLINIC VISITS

HEARING CONDITION + NERVOUS COND.

TYPE OF TREATMENT RECEIVED

Treatment for ears, medication & medication for nerves & consultation

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? ☒ Yes ☒ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)
If "Yes," show the following:

NAME OF AGENCY ADDRESS OF AGENCY
VETERANS ADMIN. 252 7TH AVE.
YOUR CLAIM NUMBER 931 186 NY NY 10001
DATES OF VISITS 5/24/72 - PRESENT

TYPE OF TREATMENT OR EXAMINATION RECEIVED

HEARING COND + NERVOUS COND. TREATMENT FOR EARS & MEDICATION

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

FOR NERVES & CONSULTATION

III. Has your doctor told you to restrict your activities in any way? ☒ Yes ☐ No
If "Yes," give the name of the doctor and state what he told you about restricting your activities.

not to work or perform any activities 74

which would involve any involvement with

any large groups of people. To assist
discussions that would tempt
to arouse my anxiety.

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☒ Yes ☐ No
If "Yes," describe how and why they are limited.

SOCIAL ACTIVITIES - UNABLE TO ENGAGE IN ANY

SOCIAL ACTIVITIES WHATSOEVER. FEELING OF

UNEASINESS

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 5.)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
ASSIST INSPECTOR AMERICAN EXPRESS ASSIST DEPT. HEAD	FINANCIAL	12/46	4/65	5	9,000
FIRST NAT'L CITY BANK	BANK	4/65	4/72	5	13,000

VI. A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.) (JOB TITLE)
ASSIST INSPECTOR

B. Describe the duties of your usual job in your own words:

SUPERVISED OVER 80 EMPLOYEES, SALES, ADMIN, INVESTIGATIONS
ON ALL LEVELS. BUT I WAS TRANSFERRED TO THE CREDIT CARD
DEPT. AS AN ANALYST BECAUSE OF MY FAILURE TO COMMUNICATE
AND WAS GIVEN ASSIGNMENTS JUST TO KEEP OCCUPIED. ALSO,
IN FIRST NAT'L CITY I EXPERIENCED THE SAME PROBLEM.

(CONTINUES ON TOP OF PAGE 4)

VI.B. (Cont.)

75

C. Did your usual job involve:

- | | | |
|---|---|--|
| 1. The use of machines, tools, or equipment | ☐ Yes | ☒ No |
| 2. Technical knowledge or special skills | ☐ Yes | ☒ No |
| 3. Any supervisory responsibilities | ☒ Yes | ☐ No |

Please Explain All "Yes" Answers.

SUPERVISED OVER 90 EMPLOYEES, ADMINISTRATION, SALES, INVESTIGATIONS
ALL LEVELS. AGAIN REDUCED TO ANOTHER DEPT. BECAUSE OF
MY FAILURE TO COMMUNICATE.

D. Please describe the kind and amount of physical activity involved in your job during a typical work day (circle number of hours in a day).

1. WALKING 0 (1) 2 3 4 5 6 7 8	2. STANDING 0 (1) 2 3 4 5 6 7 8	3. SITTING 0 1 2 3 4 5 (6) 7 8
-----------------------------------	------------------------------------	-----------------------------------

Lifting and carrying (describe what was lifted, how heavy it was, how often it was lifted, and how far it was carried).

VII. How does your illness or injury now prevent you from performing your usual job duties as described in Item VIB?

MY HEARING COND. HAS GIVEN ME MANY
PROBLEMS IN COMMUNICATING WITH SUPERIORS & FELLOW EMPLOYEES
AND EVENTUALLY BECAUSE OF MY POOR WORK ABILITY I WAS
DEMOTED WITHIN BOTH COMPANIES AND GIVEN MENIAL
JOBS. THIS BROUGHT ON A SEVERE NERVOUS CONDITION WHICH
HAS NOW GOTTEN SO SEVERE THAT I HAVE NO CONFIDENCE IN
MYSELF IN THE ^{BUSINESS} ~~WORLD~~ WORLD AND ALSO SOCIALLY. ~~WITH~~
MY NERVES CAUSE ME TO PASS OUT AT TIMES

If you need more space for any answer, use Page 5.

VIII. Use this section for additional space to answer any previous questions and any additional information that you think will be helpful in making a decision in your disability claim. Please refer to the previous questions by number, such as IIB (Other Doctors), V (Other Jobs)

This happens when I become 76
annoyed or embarrassed. My
nervous also cause me to
lose my balance sometimes
and frequently cause dizziness
and headaches. My new
situation causes me great
anxiety. The thought of
keeping an appointment
keeps me from sleeping.
A. B.

77

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

SIGN
HERE

Edward R. Santangelo

DATE

9/27/73

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

SOCIAL SECURITY NUMBER

Edward G. Hirtzels 084-12-8851

IX.A. Observations

78

Was brought in by
brother. Claimant
says he can't travel
alone too much.

Was visibly nervous.
Had nervous mannerism
the way he talked,
expression on face.

B. Claimant requires assistance
If "Yes," show name, address, phone number and relationship of interested
person.

☐ Yes

☒ No

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

C. 1. MEDICAL DEVELOPMENT—NON SD

SOURCE	DATE REQUESTED	DATE FOLLOW UP	DATE RECEIVED

79

2. MEDICAL DEVELOPMENT—SD

SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.
- For DO completed form. If a y block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SGA earnings guideline described in CM 6403(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA 401 TAKEN BY

☒ PERSONAL INTERVIEW
☐ TELEPHONE

☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER

W. R. R. R.

TITLE

C. R. R. R.

FORM SUPPLEMENTED

If "Yes," by

☐ YES ☐ NO

☐ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL
DATE

DO OR NO

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

80

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBS DIO SA

Edward Santangelo

PERSON(S) CONTACTED AND ADDRESSES ☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ SC ☐ HOME ☐ PHONE ☐ OTHER

DATE OF CONTACT

11/21/73

SUBJECT

620 1145

Purpose: S/A Breen telephone interview.

Facts: Explaining re. his criticism. Told Lyle's representative that informant is not supposed

to support all manner of Lyle's official participation in new information. He indicated right of further appeal, and said when notice of denial was received he "would take it from there."

Next: ?

10

SIGNATURE

E. Breen

☐ CR ☐ FR ☐ SH ☐ C-ADMS ☐ CLERICAL

DISTRICT OFFICE

☐ OTHER (Specify)

DATE OF REPORT

PAGE 01

DO NOT WRITE IN MARGINS



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved
Budget Bureau No. 72-R0442

81

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>Edward G. Santangelo</i>	SOCIAL SECURITY NUMBER <i>084-12-8851</i>
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

I am not able to work due to my nerves and loss of hearing and recreation funds and I feel my condition is deteriorating. I was examined by VA doctors at 252 7th Ave NYC for my physical ailments in November 1973 and I was also examined in November 1973 by Dr Philip Cross my personal MD. You have his address in file. I have not been hospitalized since filing Reconsideration request in Oct 1973 and I have not worked since disability onset of March 1972. You have a record of all my appointments and I do not know of any other who have records of my appointment.

Form SSA-795 (2-71)

(OVER)

EXHIBIT

11

I know that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law. I affirm that the above statements are true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE*Donald B. Santangelo*

Telephone Number

HO 2-6376

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

City and State

104-49 214 St

ZIP Code

Enter Name of Country (if any) in which you now live

Jamaica NY 11421

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

Bureau of Hearings & Appeals
Region II

AUG 29 1974

Social Security Administration
Jamaica, New York 11432

114-49 2147th ST. 83

Queens Village, N.Y. 11429

July 24, 1974

Social Security Administration

165-15 58th ave.

Jamaica, N.Y. 11432

Bureau of Hearings & Appeals
Region II

AUG 29 1974

Social Security Administration
Jamaica, New York 11432

Re: Edward G. Santangelo

084-12-8851

Dear Sir

As I have not heard further from you regarding my claim for Disability Benefits, I am enclosing additional evidence ^{copy of} letter of Dr. Philip Ross dated April 23, 1974 which I had been holding to present as further evidence of my inability to work. I have not been physically able to work since March, 1972.

EXHIBIT

12

Very truly yours,
Edward G. Santangelo

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

84

FORM APPROVED
BUDGET BUREAU 77P523 S

DISABILITY DETERMINATION
AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☒ DIO ☐		2. DATE ATFD: 7/25/73	
3. W/E (If Auxiliary filing) ☐ W/E ☒ W/E		4. SOCIAL SECURITY NUMBER 084-12-8891	
5. NAME AND ADDRESS OF CLAIMANT Edward G. Santangelo 104 49 214 St Jamaica NY 11429		6. DB 9/10/20	7. SEX M ☒ F ☐
8. RACE W ☒ N ☐ O ☐		9. AOD 3/15/72	10. AT AGT 51
11. CLAIM FOR FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐		12. FAMILY STATUS MAR. SG. ☒ NO CHILDREN (UNDER 18) ☐	
13. QC REQ. LAST MET ☐ SI ☐		14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.	
15. PREV. DENIED OR TERM. ☐	16. NOW DIS. DIV. IN PROGRESS ☐	17. MED. DEV. DEF. ☐	
18. S A CODE 330	19. STATE NEW YORK	20. DISTRICT OFFICE ADDRESS 165 15 88 Ave Jamaica NY 11432	DO CODE 120 RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL		23. REMARKS
21. DO/BO REPRESENTATIVE <i>Geophine J. Hammel</i>		1973 JUL 26 NY 8:18
22. DATE OF TRANSMITTAL 7/24/73		TELEPHONE NO.: HO 8-6376 PRESCRIBED PERIOD: Beginning Ending

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:			
24. ☐ HAS BEEN UNDER A DISAB. SINCE	25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO	26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)	29. DIAGNOSIS LOW BACK DEGENERATION, SCIATICA.
27. ☒ WAS NOT UNDER A DISAB.	28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(a) A. ☐ NOT UNDER A DISAB. FOR CASH BEN. PURP. B. ☐ UNDER A DISAB. FOR CASH BEN. PURP. SINCE	30. MOB CODE G OCC. YEARS 26 EDUC. YEARS 14	
31. VOCATIONAL BACKGROUND (Occupation) ADMINISTRATIVE ASSISTANT - BANKING INDUSTRY			
32. BASIS FOR DETERMINATION REG-BASIS CODE H1-1522(1)			LISTING

☒ CONTINUED ON ATTACHED SHEET (Use SSA 834)

33. REC. RE EXAM ☐ NONE ☐ (Date) ☐ HOSP		34. DISABILITY EXAMINER S A <i>David E. Taniel</i>		35. DATE 8/19/73	36. REVIEW PHYSICIAN SA <i>C. Koudopoulos</i>		37. DATE 5/24/73
38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.		39. ☐ W E MEETS QC REQ. IN ☐ W E DOES NOT MEET QC REQ. HAS OF CTRS. FOR AOD ENDING		40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM TO ☒ NOT ESTABLISHED			
41. REMARKS							
EXHIBIT 13 (copy)							
42. RE EXAM REQ		43. DISABILITY EXAMINER		44. DATE	45. DISABILITY EXAMINER		
47. ☐ BDI ☐ PC	48. LTR PAR NO 808-1(9/30/77)F	49. PRIOR ACT ☐ PD ☐ PT ☐ REVISED	50. BASIS CODE	51. A O/D CODE	52. RETURN CODE	53. CAT ☐ W ☐ DIB ☐ O/P ☐ CH ☐ ER	54. SPECIAL CODE ☐ VA ☐ VAD

FORM SSA 831 (7-72)

1-FOLDER COPY

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

85 DT:err 12

*NOTE.--Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION"
or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME OF DISABLED INDIVIDUAL Edward Santangelo	NAME OF WAGE EARNER (IF DIFFERENT) [REDACTED]	COPIES OF RECORDS [REDACTED]	COPIES OF RECORDS [REDACTED]	SOCIAL SECURITY NUMBER 084-12-3851
--	--	---------------------------------	---------------------------------	---------------------------------------

Philip Gross, M. D. -report of 8/9/73.

Veterans Administration Hospital-report of 5/24/72 to 10/11/72.

This claimant has a diagnosis of low back derangement, sciatica, and partial hearing loss. Medical evidence in file is essentially negative and observation of claimant is also essentially negative. From the evidence in file there is no reason to assume why this claimant could not return to his usual job of Administrative Assistant in the banking industry, therefore this claim for disability insurance benefits is denied.

(INITIAL AND DATE)

DISABILITY EXAMINER'S SA [REDACTED]	DATE 8/30/73	DISABILITY EXAMINER'S SA [REDACTED]	DATE 8/29/73	DISABILITY EXAMINER'S SA [REDACTED]	DATE [REDACTED]	DISABILITY EXAMINER'S SA [REDACTED]	DATE [REDACTED]
--	-----------------	--	-----------------	--	--------------------	--	--------------------

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

RECON. 86 FORM APPROVED
BUDGET BUREAU 7791235

DISABILITY DETERMINATION
AND TRANSMITTAL

3. W/E (if by diary filing)		4. SOCIAL SECURITY NUMBER 084-12-8851		5. NAME AND ADDRESS OF CLAIMANT Edward G. Santangelo 104-49 214 Street Jamaica, New York 11429	
6. DIB 9/10/20		7. SEX M ☒ F ☐		8. W N O W ☒ N ☐ O ☐	
9. CLAIM FOR FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐		10. RACE X ☒ ☐ ☐		11. FAMILY STATUS MAR. SG. ☒ NO. CHILDREN (UNDER 18) ☐	
12. W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.		13. PREV. DENIED OR TERM. ☐		14. NON DIS. DEV. IN PROGRESS ☐	
15. S A CODE 330		16. STATE New York		17. DISTRICT OFFICE ADDRESS 165-15 88 Avenue Jamaica, New York 11432	
18. DO/BO REPRESENTATIVE		19. DO CODE 120		20. RO CODE 21	
21. FILE REVIEWED & APPROVED FOR TRANSMITTAL		22. REMARKS Rec'd 5/17 10/6/73			

23. HAS BEEN UNDER A DISAB. SINCE		24. WAS NOT UNDER A DISAB. ON OR BEFORE (Date)		25. DIAGNOSIS Psychophysiological disorder	
26. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE		27. VOCATIONAL BACKGROUND (Occupation) Administrative asst - banking		28. OCC. YEARS 26 EDUC. YEARS 14	
29. BASIS FOR DETERMINATION REG. BASIS CODE 11-1502(A)		30. LISTING		31. DETERMINATION Determination of 9/8/73 with associated evidence is herewith incorporated Report dated 10/1/73 by Dr. P. Pross. Consultative psychiatric examination 11/8/73 by Dr. J. Illovsky. As impairment is not severe enough claim is denied.	

Continued on attached sheet (Use SSA-834)

NOV 30 1973

(RELEASE DATE OF FOLDER TO BDI FILE)

32. REC. RE EXAM ☐ NOIR ☐ (Date) ☐ PROSP		33. DISABILITY EXAMINER'S A E. Buckler		34. DATE 11/28/73	
35. CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18		36. REVIEW PHYSICIAN SA G. Kleinerman M.D.		37. DATE 11-29-73	
38. REMARKS		39. W E MEETS QC REQ. IN W E DOES NOT MEET QC REQ. HAS OF QTRS. FOR AGO ENDING		40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM TO ☒ NOT ESTABLISHED	
41. RE EXAM REQ.		42. DISABILITY EXAMINER		43. DATE	
44. LTR FOR FID ☐ BDI ☐ PC		45. PRIOR ACT ☐ PD ☐ PI ☒ REVISED		46. BASIS CODE 51. A CODE 52. RETURN CODE 53. CAT ☐ W ☐ DIB ☐ OSF ☐ CH ☐ IR	
47. SPECIAL CODE ☐ VA ☐ VAD		48. LISTING		49. EXHIBIT 14	

FORM SSA-831 (7-72)

1 FOLDER COPY

DT:ls U-12 8/7

REQUEST FOR MEDICAL INFORMATION FROM RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning him.

(Be sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

TO: VETERANS ADMINISTRATION

STREET 252 7th Avenue

CITY, STATE AND ZIP CODE New York, N.Y. 10001

IDENTIFYING INFORMATION (To Be Completed By SSA)

87

VETERAN'S NAME (LAST, FIRST, MIDDLE)

SANTANGELO, EDWARD

SOCIAL SECURITY NUMBER

084-12-8851

CLAIM NUMBER

C- 99931186

SERVICE SERIAL NUMBER (If C No. not available)

DATE OF REQUEST

Aug 7 1973

ORIGINATING OFFICE (If not Parallel DO)

New York State Bureau
Of Disability Determinations
Two World Trade Center
New York, N.Y. 10047

II
FORMATION
NEEDED
BY
SSA
(Only checked
items are
needed)

A. ☐ HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION

(If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history, copy of admission examination, subsequent laboratory reports and examinations, treatment and response, diagnosis, and prognosis.)

HOSPITALIZED AT

DATES

TO

DATE

DATES

1946 - 7/73

B. ☐ EXAMINATION FOR COMPENSATION OR PENSION

C. ☒ RECORDS OF OUT-PATIENT TREATMENT

D. ☐ STATEMENT OF COMPETENCY TO MANAGE FUNDS

(If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III B below.)

E. ☐ OTHER SPECIFIC INFORMATION

III
VA RESPONSE

A. USE THIS SPACE FOR REPLY TO II E OR FOR OTHER REMARKS:

8/16 The attached is all the info in file.

Paul

m. Brown

If additional space is necessary, use reverse or attach additional sheet.

B. STATEMENT OF COMPETENCY TO MANAGE FUNDS (Complete only if II D checked above)

THIS VETERAN CONSIDERED
BY THE VETERANS
ADMINISTRATION

☐ COMPETENT TO
MANAGE FUNDS

☐ INCOMPETENT TO
MANAGE FUNDS

THIS DECISION HAS BEEN

☐ ADJUDICATED BY VA

☐ DETERMINED BY MEDICAL STAFF

DATE OF DECISION

SOCIAL SECURITY ADMINISTRATION
District Office

Return to

1657 Broadway
New York, N.Y. 10019

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.
SIGNATURE OF REGISTRAR, MED. ADM. OFF. OR
DESIGNEE.

DATE EXHIBIT

15(4-11)

DA-D828 (3-63)

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

88

DATE

NOV 14 1972

Cons. New nasal mares, dizziness
like a lightness of the head

no headache

has seemed
in treats D - anginal
Episodes
This subject

[Signature]

Evolute for Anginal

When

MORRIS T. HELLER, M.D.
Chief, ENT.

11/12

Zenith Cross Pt # 8807881 mixed.
S. with, Audiologist

10/10/72

Insured Zenith, Cheslight # 8807663 hearing
aid to replace and kept by Branches Home.
McClench Chaplinologist

10/10/72

Zenith CROSS # 8807881 found by
Branches Home released to

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

SANTANGELO, Edwin G.

REGISTER NO.
7751/54

WARD NO.
7F

DOCTOR'S PROGRESS NOTES
(Sign all notes)

89

DATE

6
Audiology Clinic. Vet notified to pick
up kid. Youth CDS Reg'd #8602863
returned to Audiology Clinic. Stock
M. Cohen Chief Audiologist

AUDIOMETRIC EXAMINATION

(INTERNATIONAL THRESHOLD NORMS HAVE BEEN USED AS REFERENCE)

90

REASON FOR REFERRAL

104-49 2144 SL

NAME OF REFERRING STATION

Queens Village, NY

ECOT

EXAMINEE'S INITIALS

SW
Wi

AIR CONDUCTION

RIGHT

LEFT

125	250	500	1000	2000	4000	8000	125	250	500	1000	2000	4000	8000
30	25	25	20	20	30	40	75	90	10	110	110	110	90
			15										

MARKING LEVEL IN DEGREE EAR

85 dB

EXAMINEE'S INITIALS

SW

BONE CONDUCTION

RIGHT

LEFT

250	500	1000	2000	4000	250	500	1000	2000	4000
				25	15	50	60	65	65
					RE	RE	RE		

MARKING LEVEL IN DEGREE EAR

70 dB

EXAMINEE'S INITIALS

ELECTRODERMAL RESPONSE

RIGHT

LEFT

250	500	1000	2000	4000	250	500	1000	2000	4000

MARKING LEVEL IN DEGREE EAR

EXAMINEE'S INITIALS

SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PH. MAX)				PURE TONE AVERAGES		
1	2	3	4		1	2	3	4	EAR	TWO	THREE
				RIGHT EAR							
				LEFT EAR							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							
				LISTENING LEVEL							

INTER-TEST CONSISTENCY (RT)

OK

WHEEL TEST

INTER-TEST CONSISTENCY (LT)

OK

REMARKS

Pure tone extended to 500, 1000, 2000 Hz

NAME (LAST, FIRST, MIDDLE INITIAL OR NAME)

Antonio, Edward

AGE

51

CLAIM NO.

993/186

DATE OF EXAMINATION

084-12 8851

NAME OF EXAMINING STATION

VAH 018 NY

LOCATION OF EXAMINATION

7 Wint

DATE OF EXAMINATION

5/24/72

VA FORM 10-2364

NEED IMPROVED FORM 10-2364 (REV. 1962)
NO OTHER WILL BE USED

Supplementary Medical Data
(7/73) CE-400

91

TO: Philip Pross, M.D.

Claimant Edward Santangelo

A/N 084-12-8851

1973 AUG 13 NY 11: 06

Could you please comment on the following:

Diagnosis: *Total loss of hearing - left ear,
partial loss of hearing - right ear, low
back discomfort, sciatica syndrome, right
leg, question of epileptiform EEG pattern.*

Dates of treatment - date first seen, date last seen:

3/3/72 — 8/4/73

Symptoms or chief complaints:

*Loss of hearing.
neurotic
back & leg pain.
loss of balance, dizziness, headache.*

Physical findings:

as above

Laboratory data:

*had EEG approximately 4 years
ago.*

IDK'L negative

EX-10510 16(2/73)

Over Please

Treatment and response: *Symptomatic treatment*

Prognosis: *Unfavorable*

*100% disability granted by
Veterans Administration*

[Signature]
Signature

8/9/73
Date

#7 963 D7/26 7/30 DT:cap 12

Philip Pross, M.D., A.A.G.P.

209-21 HOLLIS AVE.
BELLAIRE, N.Y.
488-2007

93

October 1, 1973

Social Security Administration
New York, New York

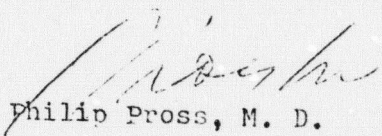
Gentlemen:

Mr. Edward Santangelo has a past history of a hearing problem. Due to the severity of his hearing loss, he has developed a severe nervous condition, causing him to be unable to perform any substantial gainful work now or in the future. He has not been physically able to work since March, 1972. This condition is considered permanent.

This patient was granted permanent total disability benefits by the Veterans Administration, based on the evidence which shows him to be physically unable to engage in substantially gainful employment.

He will require continuous treatment for infections of his ears, and medication for his nervous condition.

Very truly yours,


Philip Pross, M. D.

17

Philip Pross, M.D., A.A.G.P.

F. of Hearing
Region

209-21 HOLLIS AVE.
BELLAIRE, N. Y.

400-2907 94

1081
Social Security Administration
New York, New York

April 23, 1974 Bureau of Hearings & Appeals
Room II

Social Security Administration
New York, New York

JAN 9 1975

Gentlemen:

Social Security Administration
Bureau of Hearings & Appeals
New York, New York

Mr. Edward Santangelo has a past history of a hearing problem. Due to the severity of his hearing loss, he has developed a severe nervous condition, causing him to be unable to perform any substantial gainful work now or in the future. Mr. Santangelo also suffers from deterioration of the lumbar disc and sciatica syndrome, causing him much pain and discomfort. He has not been physically able to work since March, 1972. These conditions are considered permanent.

This patient was granted permanent total disability benefits by the Veterans Administration, based on the evidence which shows him to be physically unable to engage in substantially gainful employment.

Mr. Santangelo required continuous treatment for infections of his ears, medication for his nervous condition, and physiotherapy treatments to his back.

Very truly yours,

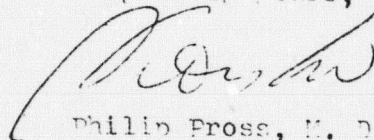

Philip Pross, M. D.

Exhibit No. 18

PROFESSIONAL QUALIFICATIONS

95

1. Physician's Name PROSS PHILIP
(Last) (First) (Middle)

2. Address 209-21 Hollis Avenue, Jamaica, New York 11429

3. AMA Membership: ☒ Yes ☐ No

4. Year of Birth (B): 1910

5. Medical Education (ME): State: Massachusetts

School: Middlesex University School of Medicine, Waltham

Year of Degree: 1944

6. Year of License (L): 1948

7. National Board (NB): ☐ Yes ☒ No

Year: _____

8. American Specialty Boards (AB): _____

9. Medical Specialties: General Practice

10. Type of Practice (TOP): Full-Time

11. National Scientific Medical Societies: (SS) American Academy of General Practice

Industrial Medical Association

12. Professorial Appointments (PA): State: _____

School: _____

13. Other Information: _____

14. Sources of Information: American Medical Directory 1969
Edition: 251h Page: 2736

Other Sources: _____

EXHIBIT 19 (PC OF PCS)

JOSEPH ILLOVSKY, M. D.
198-36 DUNTON AVENUE
HOLLISWOOD, N. Y. 11423
TELEPHONE (212) 479-0038

96

Bureau of Disability Determinations,
Two World Trade Center,
New York, N.Y. 10047
Sirs;

November 18, 1973

Edward D. Santagelo,
OPH-12-8851.

The patient was driven to the appointment by his brother from the distance of two miles on Nov. 8, at 7 p.m. He is a 53 years old, casually dressed man who was verbally normally productive, relevant and coherent. He uses excessive rationalization. His conversation is superficial. His affect is blunted and his mood indifferent. He could understand a normal conversation.

("What is your problem ? ") " My problem is with the social security. They weigh my situation whether I receive social security. I was out of work since March 1972. I tried to get a job. " ("What kind of job ? ") " In 1965 I started as a manager with the First National City Bank. I feel that when I take medication, I feel calm. " ("What had happened ? ") " I was taken off the job after one year. My boss said, I don't get his messages. I could not hear. They put me with people to whom I was the boss. " ("Why could you not do the job ? ") " I could not get the messages straight. I got the messages all tangled up. " ("Do you feel that people talk about you ? ") " Of course. " ("What they say ? ") " See that I was loafing; The same happened with me at the American Express. I could not communicate. I could not follow verbal orders. People thought that I was not working. " ("How long has it been going on ? ") " I felt it gradually since 1969 then it became worse. " He said that he studied accounting and business management in college, for two years. He joined the Services and became a sergeant. " Then the trouble began " he said. " Shells were going off and made me dizzy. I was frightened. The doctor said, I had nerve deafness. " He said that he is not married and has no girlfr end. His counting and calculations are satisfactory His abstraction is satisfactory. His insight and judgement are impaired. (how is it that newspapers can be sold so cheap ?) " I don't think they are cheap. If they produce more they would be cheaper. "

About his future plans, he said: " I am through I don't know what to do with jobs. ("What do you do the whole day ? ") " Get up, have breakfast and read the papers .. " ("What do you think about the future ? ") " Apparently I don't have a future. I am terribly emotional. " He said that he takes Miltown 400 mg. when necessary.

Diagnosis: Psychophysiologic disorder of special sense(hearing) 305.8.

This diagnosis is suggested by his normal way of speaking and replies to ordinary conversational tone. The start of the

CASE NO 20(277)
EXHIBIT

Edward G. Santangelo.

hearing condition with fear due to fear and noise in the Service, now indicate a war neurosis. He was diagnosed as a nerve deafness, which enables him to hear ordinary conversation indicates a total hysterical deafness at that time. Later it became a selected loss of hearing when he unconsciously tried to avoid responsibilities. The entangled thoughts and instructions are more of a psychological nature than organic one. He also has a certain amount of nervousness, and depression added to the condition, which incapacitates him to function.

He should receive psychotherapy- preferably hypnotherapy to alleviate his condition; otherwise his prognosis is guarded.

He can look after his cash benefits alone.

Yours Truly,

Joseph Illovsky M.D.

Joseph Illovsky, M.D.

Illovsky
100-100000-100000

PROFESSIONAL QUALIFICATIONS

98

1. Physician's Name ILLOVSKY Jon. -
(Last) (First) (Middle)

2. Address 198-36 Dinton Avenue
Jamaica, New York 11423 (Holliswood, New York)

3. AMA Membership: ☒ Yes ☐ No

4. Year of Birth (B): 1913

5. Medical Education (ME): State: Italy

School: Facolta di Medicina e Chirurgia dell'Universita di Roma,
Roma

Year of Degree: 1937

6. Year of License (L): 1958

7. National Board (NB): ☐ Yes ☒ No

Year: _____

8. American Specialty Boards (AB): American Board of Psychiatry and Neurology

9. Medical Specialties: Psychiatry

10. Type of Practice (TOP): Other Full-Time Staff in Hospital Service

11. National Scientific Medical Societies: (SS) American Psychiatric Association

12. Professorial Appointments (PA): State: _____

School: _____

13. Other Information: _____

14. Sources of Information: American Medical Directory
Edition: 24 Page: 2486

Other Sources: _____

EXHIBIT 21

November JAN 99 1975

To Whom It May Concern:

Social Security No. _____
Jamaica, New York 11432

I am employed by First National City Bank, 399 Park Avenue New York City approximately four years and I have had the pleasure of knowing Edward Santangelo, formerly employed in my office, all this time.

Mr. Santangelo has difficulty with his hearing and has a nervous condition that stems from his difficulty in hearing.

He is a very hard working and deserving individual always striving to do his best.

Yours truly
William McAllister

81-19 767 57

2400 Park, N.Y.

Bureau of Hearings & Appeals
Room 111

100

JAN 9 1975

Social Security Administration
Jamaica, New York 11432

November 3, 1972

To Whom It May Concern:

I have known Edward Santangelo for over 25 years, both as an employee of American Express Company and on a personal friendship relation. I have known for a long time of Mr. Santangelo's hearing problem and this condition affects him.

He is a very nervous person and this no doubt has been trying for him not only at work but also at various functions in everyday life.

I consider Mr. Santangelo an honest and trustworthy person.

W. H. Zographos
W. H. Zographos

*American Express Co.
Inspector Office
67 Broad St.*

NY, NY 10004

Exhibit No. 23

JAN 9 1975

Social Security Administration
Jamaica, New York 11432

November 2, 1972

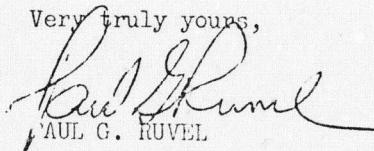
To whom it may concern:

I am employed by the American Express Company for over 26 years and have known Mr. Edward Santangelo since 1946 when he was an employee of the American Express Company.

After Mr. Santangelo left American Express Company, we continued to get together at various gatherings. Ed has always been bothered with hearing and other ear problems, which has caused undue hardship on him both at work and in private life.

I sincerely believe that due to this condition he is an extremely nervous individual.

Very truly yours,


PAUL G. RUVEL

American Express Co.
P.O. Box 1995

NY, NY 10008

PGR:rc

Exhibit No. 24

Dr. Libardo Ramirez

MEDICO CIRUJANO
U. de A.

RAMB 1975

ESPECIALIDAD: CIRUGIA GENERAL

CONSULTORIO: CARRERA LA UNION Nros. 52-112 Y 52-120, INTERSECCION DE LA CARRERA LA UNION Y LA CARRERA LA ACACIAS, PRIMER PISO No. 102 - TELEFONO 45 52 55
RESIDENCIA: CARRERA 81A No. 34C61 EN LAS ACACIAS - TELEFONO 43 66 55

Cédula 768.000

Registro No. 84

37- XII - de 1974

Nombre

R1. El suscrito certifica que
atendió al Sr. Edmundo
Santangel en fuertes dolores
lumbares por irritación de
ambos riñones y muy
ansioso.
Libardo Ramirez

Exhibido No.

25 (v)

TRANSLATION

103

Dr. Libardo Ramirez

Physician - Surgeon

U. of A.

Specialty: General Surgery

Rx.

The undersigned certifies that he has treated
Mr. Edward Santangelo for strong lumbar pains with
irradiations to both legs and very anxious.

/s/ Libardo Ramirez

TRANSLATED 1/24/75

Alfred F. Agresti
Alfred F. Agresti

Bureau of Hearings & Appeals
Region II

JAN 27 1975

Social Security
Jamaica, N.Y.

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

REQUEST FOR MEDICAL INFORMATION FROM
RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Bureau of Old-Age and Survivors Insurance any medical information from their records concerning him.

TO:

VETERANS ADMINISTRATION

STREET 252 Seventh Avenue

CITY, ZONE AND STATE New York, New York 10001

SECTION I (Sections I, II, and IV are to
be completed by EOAS or State Agency)

VETERAN'S NAME

Edward G. Santangelo

CLAIM NUMBER

09 931 186

C-

SERVICE SERIAL NO.

SOCIAL SECURITY ACCOUNT NUMBER

084-12-8851

DATE OF BIRTH

9/10/20

ADDRESS

104-49 214 Street

Jamaica, N. Y. 11429

SECTION II — INFORMATION REQUIRED (Please Refer ONLY To Checked Item)



CURRENT HOSPITALIZATION (Please furnish a current SF 502, if available. If a current summary is not available, please furnish the latest summary and such information as may be needed to bring the summary up to date. If a summary has not been prepared, please furnish history, subjective symptoms, objective findings, treatment, diagnosis and prognosis.)

B. ☐ OTHER HOSPITALIZATION — GIVE DATES, FROM AND TO
(Please furnish summaries)

C. ☒ VETERAN EXAMINED FOR COMPENSATION OR PENSION — DATE November 1973 (Receiving 100% disability from VA)
(Please furnish VA Form 10-2545)

D. ☐ DISABLED CHILD OF VETERAN
(Please furnish available information)

NAME OF CHILD

AGE

E. ☐ SUPPLEMENTAL INFORMATION IS NEEDED
(See attachment)

THE VA FORM LISTED BELOW
HAS BEEN OBTAINED

PERIOD COVERED (from — to)

ORIGINATING OFFICE

SIGNATURE

TITLE

DATE

SECTION III — INFORMATION FURNISHED BY VA

☐ NARRATIVE SUMMARY ENCLOSED
(SF 502 — Clinical Record)

☐ HOSPITALIZATION STATEMENT ENCLOSED
(VA Form 10-233)

☐ UNABLE TO IDENTIFY

☐ EVALUATION REPORT ENCLOSED
(VA Form 10-2545)

☐ RECORDS TRANSFERRED
(See Remarks)

☐ NO MEDICAL REPORTS ON RECORD

REMARKS (If additional space is needed use separate sheets)

Bureau of Hearings & Appeals
Room 11

JAN 22 1975

Nothing for above date.

Signed

J. P. Dole

Social Security Admin.
Jamaica, New York

SECTION IV — RETURN TO:

NAME AND ADDRESS OF VA OFFICE TO WHICH THIS FORM WITH ATTACHMENTS IS TO BE SENT.

Social Security Admin.
District Office
1657 Broadway
New York, New York 10019

NEW YORK, N. Y.

JAN 15 1975

21100
SSA DISTRICT OFFICE

Exhibit No.

26 (10)

NOTE - SHADED AREAS TO BE COMPLETED BY INPUT ACTIVITY

1. COPY		2. TYPE OF FOLDER		3. OTHER (Specify)		4. RATING DECISION		5. FILE NUMBER	
☐ P. 1		☐ OF FOLDER		☐ OTHER				105	
☐ P. 2		☐ OF FOLDER		☐ OTHER				C 9 931 186	
3. TRANS. CODE		4. DATE OF ISSUE		5. DATE OF LAST EXAMINATION		6. DATE OF DEATH		7. INITIALS AND SURNAME OF EXAMINER	
				5-31-73				E. G. SANTANGELO	
8. TYPE OF RATING		9. SEX		10. BRANCH		11. A. T. DATE (Mo., Day, Yr.)		12. ADJUTANT	
2		MALE		A		8-1-42		2-3-46	
13. DATE OF BIRTH		14. GRADE		15. SERVICE		16. SERVICE		17. SERVICE	
9-10-20		1		1		1		2	
18. COMPETENCY		19. NO. OF C. D. S. (1 through 9)		20. PHYSICAL EXAM		21. FUTURE DATE CONTINUED		22. OTHER CONTROL	
1. COMPETENT OR NOT AN ISSUE				No exam		01		1 7 74 02	
2. INCOMPETENT		1		2				7-12-73	

20. NARRATIVE

- J. NOD. Claim for increase 7-13-72.
- I. SC for nervous condition.
- F. Statement received from Philip Pross, MD dated 7-7-72 noted fractured knee. Statement received from Philip Pross, MD dated 11-7-72 that the veteran had been under his treatment for diminished hearing which caused him to be extremely nervous and embarrassed. Subsequent statement from Dr. Pross dated 3-26-73 indicated that the veteran had developed persistent anxiety state which was related to his diminished hearing.

At a personal hearing held in this office on 4-11-73 the veteran indicated that he was last employed in March 1972 with the First National City Bank doing investigative work. He indicated that he had to leave this job because of the difficulty he was having with his hearing problem.

VAX showed that because of the difficulties the veteran had with his defective hearing he was continuously in a state of marked anxiety and tension. Because of losing his job with the First National City Bank in 1972 his emotional state has become markedly worse. He is extremely anxious and tense and has become quite depressed. Throughout the interview he was in a state of marked anxiety and tension as was seen from the expression on his face. He has had frequent attacks of acute anxiety. It was the opinion of the examining physician that the veteran's nervous condition was secondary to his SC hearing condition. His anxiety was present to an increased degree and expressed itself in anxiety, tension and somatic symptomatology.

Bureau of Hearings & Appeals
Region II

JAN 22 1975

Sec of Security Administration
Jamaica, New York 11432

NOTE - SHADED AREA TO BE COMPLETED BY INPUT ACTIVITY

106

1. COPIES ☐ IN ☐ MED ☐ OF FOLDER ☐ DATE FOLDER ☐ OTHER (Specify)		RATING DECISION		2. FILE NUMBER C 9 931 186	
3. TRANS CODE & DATE OF ISSUE		5. DATE OF LAST EXAMINATION		6. DATE OF DEATH	
8. TYPE OF RATING ☐ MALE ☐ FEMALE		10. BRANCH		11. ACTIVE DUTY (M, J, V, Y)	
12. ADDRESS 1. WT 2. HT 3. DO		14. DATE OF BIRTH (M, D, Y)		15. GRADE 1. NONE 2. NONE 3. NONE 4. BOTH	
16. COMPETENCY 1. COMPETENT OR NOT AN ISSUE 2. INCOMPETENT		17. NO. OF AC DISA-9 (0 through 9) (5 to show 9 or above)		18. FUTURE DATA CONTROLS PHYSICAL EXAM MO YR REASON 01 1. ESTABLISH 2. CANCEL	
		19. OTHER CONTROL ACT MO YR REASON		20. NARRATIVE	

-2-

D. The Board agrees with the examining physician that the veteran's nervous condition is secondary to his SC defective hearing. It is the further opinion of the Board that the veteran is unemployable due to his nervous condition and defective hearing.

9400 37. Disability directly due to and proximately the result of SC disability coded 6282
50% from 7-13-72
ANXIETY NEUROSIS

6282 1. SC 38 USC 310 (AGG WWII)
10% from 7-13-72
DEAFNESS, COMPLETE LEFT EAR: MILD RIGHT EAR. "F" AND "A", WITH COMPLAINT OF RINGING IN EARS

6210 8. NSC WWII
OTITIS EXTERNA, BILATERAL, ETIOLOGY, FUNGUS

18. Individual unemployability from 7-13-72.

Cum 60%

21. SPECIAL PROVISION CODE				22. SPECIAL MONITORING CODE				23. OVERVIEW			
1. PAR 1	3. VAR 121	5. ANAL RATING	7. PAR 20	1. SM PAR CODE	2. LOSS	3. COMMENT ON ANAL	4. OTHER	5. PAR 1	6. ANAL	7. OTHER	8. 80
2. PAR 1	4. VAR 122	6. OTHER OR COMB									
24. CLAIMANT REPRESENTED BY L. LEVINE, MD				25. RATING ACTION XX				26. A. MORGAN			

21-6796

JLL:efc/482

[illegible]

20. NARRATIVE

J. NOD and claim for increase, 7-13-72

I. SC - External otitis, bil. and nervousness.

F. Notice of Disagreement filed and statement submitted from Dr. P. Pross, dated 7-7-72 showing treatment for past 3 months for bilateral external otitis, etiology fungus. In his Notice of Disagreement vet. also claimed that he suffered from nervousness secondary to symptomatology caused by his service connected deafness.

The SR's were neg. for any evidence of the conditions in issue.

D. Neither claimed condition was demonstrated in service, and the evidentiary record fails to establish that SC disability of defective hearing is the competent producing cause for such conditions.

1. SC 38 USC 310 AND PRIOR LAWS (AGG WWII)
10% from 7-17-46
DEAFNESS, PERCEPTIVE TYPE, COMPLETE LEFT EAR; MILD, RT. EAR;
"F" AND "A", WITH COMPLAINT OF RINGING IN THE EARS

8. NSC WWII
NERVOUSNESS, ALLEGED WITH COMPLAINTS OF DIZZINESS, HEADACHES,
IMBALANCE
OTITIS EXTERNA, BILATERAL, ETIOLOGY, FUNGUS

210

[illegible]

October 4, 1972

C 9 931 186
SANTANGELO, Edward G.
306/21E

Honorable Joseph P. Addabbo
House of Representatives
Washington, D.C. 20515

Dear Mr. Addabbo:

Mr. Santangelo is receiving \$28 monthly for service-connected hearing loss of the left ear with mild hearing loss of the right ear. The degree of a veteran's disability is determined by the findings on medical examination and by the application of the criteria of an approved rating schedule.

Mr. Santangelo was informed that under the schedule for rating disabilities and based on all evidence of record, entitlement to an evaluation in excess of 10% for his hearing condition is not warranted.

He has filed a Notice of Disagreement with our decision and a Statement of the Case was furnished him so that he could make the best possible argument to the Board of Veterans Appeals as to why he believes our ruling should be changed.

Service connection for ear infection was denied because service records do not show complaint of or treatment for this condition.

Mr. Santangelo has requested a personal hearing in connection with his appeal. This is now being arranged and the veteran will be informed of the time and place to report for a hearing.

Your interest in the veteran is appreciated.

Sincerely yours,

P. M. NUGENT
Director

cc:
DAV

November 7, 1972

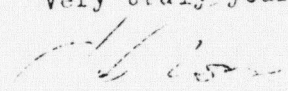
Re: Edward Santangelo

To Whom It May Concern:

The above has a past history of chronic external otitis, due to a fungus type of infection. He has diminished hearing which causes him to be extremely nervous and embarrassed. He has developed an anxiety state and also suffers from dizziness, headaches, and at times loss of balance.

Medication has been prescribed for the ear infection and tension. He still requires periodic treatment.

Very truly yours,


Philip Pross, M.D.

CLINICAL RECORD

Report on
or
Continuation of S. F.

(Sign and date)

NEUROPSYCHIATRIC EXAMINATION
5-31-73INTERVAL HISTORY:

Veteran interviewed by examiner because of his claim of increased disability due to his severe impairment of hearing. Difficulties he complained about carefully evaluated in this interview with him and he related that the difficulties which have become more severe recently existed from the time that he left the service in 1946. He became employed after leaving the service with American Express Company and because of his defective hearing and difficulties he experienced on the telephone, he continuously was in a state of marked anxiety and tension, fearing that the discovery of his condition would bring about the loss of his job. Because of the severe tension anxiety, he himself found that that was an additional state of mild depression continuously present with his condition. As he felt highly embarrassed about the condition, he never became involved in much social life. Finally, however the condition became apparent, he stated, in the company, and he was placed in a different job where he had less to do with direct customer contact, but, nevertheless still used the telephone. He claims that he was finally placed in a different position with American Express Company, where he had worked, and at the same time being placed in a different position there. Hints were given to him to look for a different position, as the company no longer wanted to put up with the difficulties that he experienced. He was subsequently able to secure a job with First National City, where he worked from 1965 to 1972 where he experienced the same difficulties. These difficulties centered around telephone contacts; contacts with clients because of his defective hearing and disposition. His anxiety became even more severe, and he was afraid that because of his difficulties he would lose his job.

He lost his job with First National City in 1972, because of the difficulties described and he states that as a result, he emotional state has become markedly worse. He has become, he stated, extremely anxious and tense, but most of all, he has become quite depressed about his condition. He would be more than eager to be employed and to make use of his abilities, but is unable to do so because of his handicap. He pointed out that he has made numerous applications but has nowhere been hired. He feels certain that this is true through all the difficulties *(Continued on next page)*

SANITIZO, Edward T. COMPENSATION EXAMINATION C-9 931 186
D. 5-31-73
T. 6-25-73
VA: pel

REPORT ON

OFF. INFORMATION ON

Source and Date

NO

DATE

STREET

6/25/73

CLINICAL RECORD

Report on

or

Continuation of S. F.

finding a job because of
 he will experience on the job, and the defects that he will have to point out in the application that he makes. Being idle now for nearly a year, he has frequent attacks of acute anxiety, he states ~~that~~ these states express themselves now in the form of hives on his skin with itching, and make his anxiety and depression worse.

MENTAL STATUS:

Patient in this interview relates the difficulties described above in an even manner and does not try to impress that his condition is any worse than he's able to describe it. One has the impression that he is sincere in his statement that he would more than want to be employed, rather than have to depend on any benefits. It is evident throughout the interview that he is in a state of marked anxiety and tension, as can be seen from the expression on his face. The marked tension expressing itself in his posture and anxiety radiating from face and even, ~~no evidence of delusional thinking, no hallucinations~~ *the impairment of memory or judgement*

NEUROLOGICAL EXAMINATION:

Not indicated.

DIAGNOSIS:

Anxiety Neurosis

INCAPACITY:

Mild to ~~Moderate~~ *Severe*

COMPETENCY:

Competent to handle his own affairs.

REMARKS: *His condition is secondary to IV hearing condition.*

From the description given under history, there seems to be evidence of a relationship between Veteran's Anxiety state, which is of a chronic nature, ~~a relationship between this anxiety state~~ and the hearing defect. Anxiety state has continuously increased in time as he has been able to make less and less effort to hide his defect, and has been able to compensate

(Continue on reverse side)

SANTANGELO, Edward T. COMPENSATION EXAMINATION

D. 5-31-73

T. 6-25-73

WA:pel

C-9 931 186

REPORT ON

A CONTINUATION OF
Standard Form 10

[Signature]
 MEMBER, MJS
 BOARD OF MEDICAL EXAMINERS

CLINICAL RECORD

Report on

or

Continuation of S. F.

(Strike out one line) (Specify type of examination in detail)

(Sign and date)

less and less for it. Anxiety is now present ~~in a lesser degree~~ ^{to an increased} and expresses itself in anxiety, tension, and somatic symptomatology, in the form of skin eruptions as well as in a depressive state.

(FILE : REVIEWED.

Walter Abeles
WALTER ABELLES, M.D.

SANTAMATELO, Edward T. COMPENSATION EXAMINATION

C-9 931 186

D. 5-31-73

T 6-25-73

WA:pel

REPORT ON

SEE EXAMINATION OF

Walter Abeles
WALTER ABELLES, M.D.
CLINICAL PSYCHIATRIST



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

114

BUREAU OF
HEARING, AND APPEALS

REFER TO

Room 704
90-04 161st Street
Jamaica, New York 11432

March 3, 1975

Dr. Charles P. Fonda
83-25 143th Street- Apartment #3A
Jamaica, New York 11435

034-12-3851

(Social Security Number)

Dear Dr. Fonda:

Mr. Edward G. Santangelo has an application pending for social security
disability benefits. A hearing on the claim is scheduled for Thursday,
the 13th day of March 1975 at 10:30 A.M. clock in Room 704 of
the Title Guaranty Building, 90-04 161st Street
Jamaica New York (Number and Street)
(City) (State)

You are requested to give testimony as a vocational expert, primarily to cover the
period March 15, 1972 to date of hearing.

Your presence throughout the hearing is desired since your testimony will be based, in part, on the
testimony given by the claimant and any other witnesses, including a medical advisor if needed.

Enclosed are the exhibits (and a list of these exhibits) tentatively selected for inclusion in the
record of this case. Also enclosed is an acknowledgment card for you to complete and sign.
Please return the card and exhibits no later than date of hearing.

Your charges for this service should be submitted in accordance with your contract with the
Department of Health, Education, and Welfare.

Sincerely yours,

Enclosures:

28 exhibits
List of Exhibits
Addressed return franked envelope
Form HA-501.1

Arthur J. Aronson
ARTHUR J. ARONSON
Administrative Law Judge

cc: Name/Address of representative or claimant:

Mr. John Loosen
DVA
252 7th Avenue
New York, New York 10001

Exhibit No. 27 (copy)

PLEASE SEE REVERSE SIDE FOR INFORMATION ON MATTERS UPON WHICH YOU WILL BE ASKED TO TESTIFY.

FORM HA-LB

(Over)

CLAIM FILE

In order for an individual to be found disabled under the Social Security Act, he must have a medical impairment which prevents him from engaging in any substantial gainful activity. In some cases, medical considerations alone may justify a finding that the claimant is or is not disabled. In other cases, however, it is necessary to determine whether the claimant's impairment in fact results in his being unable to engage in *any* substantial gainful activity. In these cases a vocational expert may be called upon to testify.

Two basic questions will be presented to you at this hearing. The first question pertains to the kind of work, if any, the claimant is *expected* to do in light of his prior work activity and residual functional capacities considering his age, education, training and experience. Your testimony will be predicated on varying assumptions posed by the administrative law judge, with respect to the claimant's residual functional capacity. You will not be expected to testify as to whether or not the claimant is under a disability since the administrative law judge has the responsibility for deciding this ultimate legal issue. You should not express any opinion regarding the claimant's impairments and their effect on his functional capacity, since these are medical matters.

The second question is whether such work exists in the "national economy," i.e., whether it exists in significant numbers either in the region where the claimant lives or in several other regions of the country. You should be prepared to testify from personal knowledge gained from such sources as local USES offices and vocational surveys of businesses and industries, whether such surveys were made by you or by other vocational experts.

You will be requested to furnish the rationale for your opinions. In this regard, you should be prepared to support your views with occupational resource material, including published studies containing occupational information helpful in determining the extent to which vocational skills can be transferred from one type of work to others. In forming your judgment as to whether or not the claimant was able to transfer his vocational skills to any other types of work, please consider only work which the claimant could have performed after a normal period of training usually given to new employees rather than after extended vocational rehabilitation.

Questions may also be asked of you by the claimant or his representative.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
P.O. BOX 2518
WASHINGTON, D.C. 20013

RESUME OF EXPERIENCE AND BACKGROUND

16 November 1970

Date

Please print or type all entries. Attach
extra sheets as needed. Submit in duplicate

HOME PHONE: (212) 739-2327

Social Security NO. 545-10-8956

OFFICE PHONE: (212) 739-2327

1. NAME Linda Charles P. Date of Birth 12-29-05
Last First Middle

2. MAILING ADDRESS 88-25 148th Street, Apartment #3A
Jamaica (Queens), New York 11435
(Zip)

3. PRESENT EMPLOYMENT

Present Employer Private Practice Date of
Institution or Firm First Employment
In This Position 11-15-69

Your Position or Title Clinical Psychologist No. of Hours
Worked Per Wk. 35

Description of Your Duties Individual and group psychotherapy;
psychodiagnostic evaluations; independent research.

4. PREVIOUS EXPERIENCE -- Begin with your earliest employment in psychological area and continue chronologically. Do not include minor positions. Use additional sheets if necessary.

Position or Title	Employed From	To	Institution or Firm
(a) Vocational Rehabilitation Counselor	1946	1948	Maryland State Dept. of Education
Duties	Counsel & coordinate rehabilitation services for disabled clients		
(b) Psychological Counselor	1948	1950	Student Health Service, Johns Hopkins University
Duties	Counseling and psychotherapy with college-student clients		
(c) Clinical Psychologist	1950	1959	Norwich Hospital (Conn.)
Duties	Psychodiagnostic evaluations and psychotherapy with psychiatric patients; research; rehabilitation counseling; training personnel.		

(Cont.)

EXHIBIT 28 (3 of 4)

(a) Undergraduate

Institution	Degree	Date of Degree	Major Subject
Johns Hopkins University	BS	1946	English

(b) Graduate

Institution	Dates of Attendance	Degree	Major Field	Graduated Yes No
Johns Hopkins University	1946-1947	MA	Education	X
Johns Hopkins University	1947-1950	Ph.D.	Psychology	X

5. PUBLICATIONS

List publications with journal references.

The reliability of psychiatric diagnosis: a new look. (with H.O. Schmidt)
Journal of Abnormal & Social Psychology, 1956, 52, 262-267.

The nature and meaning of the Rorschach white-space response.
Journal of Abnormal & Social Psychology, 1951, 46, 367-377.

The white-space response. In M.A. Richards-Ovchinnikova (Ed.) Rorschach Psychology. New York: Wiley, 1960.

Personality dynamics and auditory perceptual recognition. (with C.W. Erikson & R.S. Lazarus.) Journal of Personality, 1951, 19, 471-484.

7. PROFESSIONAL RECOGNITION

Professional and honorary organizations, awards, special honors.
State license or certificate, etc.

New York State Certified Psychologist (Certificate No. 3616)

Connecticut State Licensed Psychologist (Clinical License No. 24)

Fellow, American Psychological Association

8. CONSULTATIVE ACTIVITIES (PAST OR PRESENT)

None

Charles P. Johnson

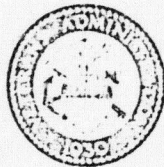
Signature

Charles P. Fonda

4. PREVIOUS EXPERIENCE (Continued)

<u>Position or Title</u>	<u>Employed</u>		<u>Institution or Firm</u>
	<u>From</u>	<u>To</u>	
(d) <u>Director of Psychological Services</u>	<u>1959</u>	<u>1969</u>	<u>Mansfield Training School</u>

Duties: Direction and supervision of department consisting of four professional specialists (clinical, counseling, rehabilitation and school psychologists) and four interns, in a residential training school for children and adults.



VETERANS ADMINISTRATION
OUTPATIENT CLINIC
252 SEVENTH AVENUE
NEW YORK, NEW YORK 10001

119

March 14, 1975

IN REPLY
REFER TO: 630-136A4-OP
SANTANGELO, Edward
C# 9 931 186
SS# 084 12 8851

Honorable Arthur J. Aronson
Judge of the Bureau of Hearings &
Appeals, SSA (RM. 704)
90-04 161st Street
Jamaica, New York 11432

Dear Judge Aronson:

Mr. Santangelo has requested us to furnish you with medical information in his behalf.

Enclosed are photostatic copies on the above named veteran outpatient treatment at this clinic.

The medical information furnished is privileged and is not to be divulged to unauthorized persons.

Very truly yours,

FELICE PEPE
Chief, Medical Administration Serv.

Encl:

Bureau of Hearings & Appeals
Region II

MAR 18 1975

Social Security
Jamaica, New York

Exhibit No. 29(3pp)

Show veteran's full name, VA file number, and social security number on all correspondence.

X Rays show moderate lipping of lumbar bodies &
 Some slight compression of disc between L5/S1.
 Lumbosacral belt advised. *Stirling*

PROSTHESIS

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

1084-12-585

San Angelo Edward.

DOCTOR'S PROGRESS NOTES
 Standard Form 509
 509-106

Bureau of Hearings & Appeals
 Region II

MAR 18 1975

Social Security Administration
 Jamaica, New York 11432

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

*

Cardiology Clinic. Let notified to pack
up kit. Zephth CDS Rept # 8822863
returned to Cardiology Clinic. S. Cohen
M. Cohen Chief Cardiology

23 10/73

PRACTICE LIMITED TO RADIOLOGY

HYMAN M. WEISELBERG, M.D.

87-81 150TH STREET

JAMAICA, N. Y. 11435

OLYMPIA 7-0090

HYMAN M. WEISELBERG, M.D. 150014
Jamaica, N.Y.

122

MAY 2 1975

OLYMPIA 7-0090, JAMAICA, N.Y. 11435

PATIENT Edward Santangelo

DATE May 2, 1975

EMPLOYER

CARRIER

DATE OF INJURY

REFERRED BY

X-RAY REPORT

Dr. Jacob H. Turkell

LUMBOSACRAL SPINE 72100:

Examination with AP and lateral Bucky films shows no old or recent fracture or subluxation of the vertebral bodies or their articulations. The spinous and transverse processes are intact. There is a mild scoliosis of the lumbar spine with convexity to the left. The anterior lumbar curve is preserved. There is no joint space narrowing or sclerosis above the lumbosacral joint. Minimal spurring is present in the upper anterior articular margins of L2, L3 and L4. There is no gross narrowing or sclerosis of the lumbosacral joint. The sacroiliac joints are well defined and within normal limits.

IMPRESSION: 1. No traumatic bone or joint pathology is demonstrated in the lumbosacral spine and sacroiliac joints. 2. Minimal osteoarthrosis involving the lumbar vertebral bodies as noted. 3. No gross narrowing or displacement of the lumbosacral joint.

Thank you for referring Mr. Santangelo to me.

Sincerely,

Hyman M. Weiselberg

HYMAN M. WEISELBERG, M.D.

30
EXHIBIT 74

PROFESSIONAL QUALIFICATIONS

123

1. Physician's Name WEISELBERG Hyman II.
(Last) (First) (Middle)
2. Address 87-81 150 Street, Jamaica, N. Y. 11435
3. Year of Birth (B): 1910
4. Medical Education (ME): State: New York
School: Columbia Univ. College of Physicians & Surgeons
Year of Degree: 1936
5. Year of License (L): 1940
6. American Specialty Boards (AB): American Board of Radiology
7. Medical Specialties: Radiology
8. Type of Practice (TOP): Full time specialty practice
9. National Scientific Medical Societies (SS): American Radiology Society; Radiological Society of North America
10. Professorial Appointments (PA): State: _____
School: _____
Title & Current Status: _____
11. Other Information (e.g., Hospital Appointments): _____
12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25th Page 2738

Other Sources: _____

JACOB H. TURKELL, M.D., F.A.C.S., F.A.A.O.S.
GERTRUDE SILVERMAN TURKELL, M.D., F.C.A.P.
110.45 QUEENS BOULEVARD
FOREST HILLS, NEW YORK 11375
212 - BOULEVARD 3.6395

124
Bureau of Hearings & Appeals
Region II

MAY 28 1975

May 3, 1975

Social Security Administration
Jamaica, New York 11432

Dr. Joseph J. Oliva
Chief Medical Consultant
Bureau of Disability Determinations
New York, N.Y.

Re: Edward Santangelo
Soc. Sec. No. 084-12-8851
Address: 104-49 214 St.
Jamaica, N.Y. 11429

Dear Dr. Oliva:

Prior to examination I reviewed photostatic data forwarded by your bureau; some of it was undecipherable.

I examined the claimant, Edward Santangelo, age 54, on May 3, 1975. Arrived, driven by brother; driving time 3/4 hrs of an hour.

HISTORY: Worked at First National City Bank, 399 Park Avenue, in charge of the "Investigating Unit". The physical duties required were primarily of a desk one, in charge, with supervision of the men under him; sitting 3-4 hours, walking about, giving instructions; occasionally doing field work, talking to different organizations, etc., if the occasion required it, but that was not often, once or twice a week. "There was no manual work, none requiring frequent bending, lifting, carrying." Primarily interviews at the desk and telephone work. "I was with them for 9-10 years; prior to which I was with American Express as an inspector for 20 years."

Prior to this was in military service, OSS (Office of Strategic Service, (Intelligence), in the Army). Given honorable discharge, although I sustained deafness in the left ear and diminished hearing in the right ear due to gun artillery. I wear a cross hearing aid (claimant showed it to me, attached to bifocal eyeglasses), which transfers left-sided sound into the right ear. Then I went back to V.A. and put in a claim for the deafness. I'm on 100% auditory disability since May 1972, prior to this was on lesser disability, but my loss of hearing got worse, I was afraid I'm going to lose my job, and I got nervous and jittery. In May 1972, they discharged me because of my hearing difficulty, no other reason."

INTERVAL HISTORY and ACTIVITIES of DAILY LIVING:

"I have been looking for any kind of work; but I couldn't get any jobs because of the hearing difficulty; they wouldn't hire me; from the Fall of '72 to date, I had passed the Federal oral and experience qualifications for Chief Administrator for Investigative work, but not the physical examination, due to my hearing; no, nothing else; if it weren't for my hearing, I feel fit as a fiddle. I'm not married, I live with my brother and widowed sister. During the day spend the time reading, watching television, socializing with the neighbors. I live on the bottom floor of a 2-family house with the family."

EXHIBIT 32 (4 pg)

PRESENT COMPLAINTS:

"It's my hearing, that bothers me, and because of that I couldn't get a job. I also had problems with my back running through down into the right leg (arose from seated position with ease, and demonstrated from right gluteal area posteriorly down to popliteal area). These problems, however, didn't interfere with my work, I had it for a long time, come and go. In 1972 I saw my family doctor, Dr. Gross, because of the back. He gave me some heat treatments. I mentioned it to the VA, but they gave me no disability; however, in 1973, I went to the VA 3 times during the year, took x-rays, showed thinning of a disc (?), and gave me a canvas corset. Since then I see my doctor, Dr. Gross, about once every 3 months, for a check-up. Last year, December 30, 1974, I was in Columbia, South America, I got a terrific back pain, it just came on, I don't remember how; I saw a doctor there, took x-rays, told me I have a disc condition and gave me an injection in the back; that helped it."

"It was in the Fall of '72 that I had applied for the Federal job and during the years, to date, I have written to more than 50 agencies for a job but they wouldn't take me because of my hearing. If it weren't for the hearing difficulty, I would be able to work. My back would not stop me from working."

"I see my doctor, Dr. Gross, once in about 3 months, for my back. I wear the corset all the time. I have back pains that come and go, sometimes worse, sometimes a little, but if I could get a job, I'd be able to work, my back wouldn't stop me."

PAST HISTORY:

1955 or 56. Fistula-in-ano, operated, no sequelae.
1969. Right hernia, operated, no sequelae.
No history of acute or serious chronic systemic illnesses; "I had pains in my back since 1950, but nothing real serious, that would stop me from working."

EXAMINATION:

In the course of obtaining the history, it is noted that claimant had no difficulty in hearing normal conversational speech, sitting at a distance of 2 yards from examiner. Subsequently, with claimant's back to examiner, and with eye-glasses (with hearing-aid) removed, claimant responded to all requests for examination, of normal conversational tone, without difficulty or request for speech repetition. The claimant sat at ease, with normal gluteal contact, no squirming, arising to stretch his back, or other manifestations, nor complaints of back pain. Maintained normal postural alignment, not only in the seated position, but in standing. He disrobed to his shorts, removing a canvas sacro-iliac belt which did not show wear and tear of constant use since 1973 (which claimant stated he had; prior to 1973 he wore another corset of same type). In the course of disrobing, slipped off left buckle-belt Oxford, but on right stated he couldn't because he de-closed a "family horse". Palpation did not reveal any spasm of femoral or tibial musculature, and claimant, on request, slipped off the shoe and removed his stockings, demonstrating normal painless Patrick maneuvers of lower extremities. In his bare feet, walked without a limp or rigidity of trunk, there was free swing of carriage and extremities. There was no impaired functional use of the upper extremities with respect to overhead arm raising, other planes of motion or prehensile activities of hands (claimant is right-handed).

The claimant presents a habitus between the sthenic

and hyposthenic type, weight 180 lbs, height 5 feet 8 inches. In the upright attitude there is no tilt of the spine, maintenance of normal spinal curves, no dip of shoulder or pelvic levels, no disparity of leg length. Claimant walked freely without antalgic gait. Active and passive spinal movements were of functional range (flexion 60 degrees, extension 15 degrees, lateral right and left 20 degrees, torsional intact (to 40 degrees)). There was no spasm or complaints of pain. Unilateral back and bilateral abdominal back palpation revealed no localized or diffuse areas of tenderness. Head-cervical flexion-extension revealed no erector spinae spasm. Valsalva cervical compression test was negative for low back or radiating pain. Leg tests, such as unilateral, bilateral, contralateral straight leg raising with head-neck flexion and dorsiflexion of feet caused no sciatic or other radicular pain. Disc compression tests were negative. Upright hip extension knee flexion at first caused claimant to actively resist on right, stating he has a Charley horse. There was no spasm of the femoral-tibial musculature and repeated testing was performed normally. Circumferential measurements at comparable levels showed no atrophy of limb musculature. Strois testing against resistance showed good muscle strength. There were no regressive changes.

Neuro-circulatory status: Deep reflexes were intact throughout, no pathological reflexes. Normal perceptive response to modalities of cotton, brush, vibratory, position and vertebrae pin-roll tests. Able to walk, hop and tip-toe and heel, following which, circulatory evaluation revealed normal femoral, posterior tibial and dorsalis pulsations. The popliteal tests were negative, confirming the absence of nerve root or peripheral involvement. Achilles turgor normal.

Systemic examination: Pupillary reflexes intact. Able to hear without use of auditory prosthesis. No thyroid or abdominal masses. Scrotal contents normal, and with strain and cough inguinal rings were closed on right, normal on left. Previous unrelated surgical scar, no herniations. Rectal examination: in the course of assuming the rectal attitude, claimant again demonstrated facile painless spinal movements, flexing beyond 90 degrees and returning to upright normally without tilt or cog-wheel movements, or complaints of low back or leg pain. Rectal showed healed prior surgical scar (see above), slight tightening of inner sphincter but easy passage obtained; prostate intact.

Functional movements: Claimant demonstrated normal ability to walk, hop, squat, kneel, crouch and crawl, without complaints of pain. There was normal reversibility of spinal contours. In the seated position, there was a negative Rii test.

Following examination, claimant dressed without difficulty or complaints of pain and left with normal gait and free swing of trunk and limbs. There was no guarding of movements.

REVIEW of X-RAYS taken by Dr. H. Weisberg, May 2, 1975:

AP and lateral of lumbo-sacral area shows findings as described by Dr. Weisberg, in addition to which there is a developmental 6th lumbar sacralized vertebra. The slight traction spurs are compatible with normal physiological disc changes for individuals of this age group. There is no loss of lumbar curve which is normal

or displacement of vertebral bodies indicative of any advanced degenerative discogenic changes.

OPINION: The claimant has physiological discogenic changes compatible with and not infrequently seen in individuals of this age group.

His history is that he was discharged 3/15/72 because of hearing difficulties, and not because of his back condition. His inability to secure gainful physical activities was not because of his back but due to his hearing, "if it weren't for my hearing, I feel fit as a fiddle". His current back condition is not a deterrent for pursuing physical duties required in gainful activities which he customarily did. He is able to perform medium activity on a sustained basis, as such he is able to work, stand, sit, use transportation normally; has no difficulty with the use of upper extremities for overhead activities or hands for normal prehensile functions, i.e., manipulating arms and fingers. He can climb stairs, drive, carry 25 lbs with occasional 50 lbs, and perform frequent bending and lifting to 25 lbs.

Encl. Beta returned

JHT:SS

Yours truly

Jacob E. Tarkell
Jacob E. Tarkell, M.D.

PROFESSIONAL QUALIFICATIONS

128

Physician's Name: Jacob Harry Turkell

Year of Birth: 1911

Physician's Office Address: 110-45 Queens Boulevard, Flushing, New York 11375

Type of Medical Practice and/or Specialty: Orthopedic Surgery (Full-Time Specialty Practice)

Subspecialty:

Medical School and Year of Graduation: New York University School of Medicine,
New York, New York (1937)

License(s) (show year(s) and State(s), and or year of certification by National Board of Medical Examiners):

Year of License: 1937

American Specialty Boards: American Specialty Board Certification
(American Board of Orthopaedic Surgery)

National Scientific Medical Societies (indicate if Fellow):
American Academy of Orthopaedic Surgeons
International College of Surgeons
American College of Surgeons

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professional or Teaching Appointment(s): New York Medical College, New York, New York

Other Information: Member, American Medical Association

Source(s) of Information (e.g., self, title of directory and page number, etc.):
American Medical Directory - 24th Edition, 1967, Part I and Part III
pp. 2467, vii, xii, xiii, xiv, xv, xvi, xx

ANN F. MCHUGH, Ph. D.
PSYCHOLOGIST
32-23 80TH STREET
JACKSON HEIGHTS, N. Y. 11370

Bureau of Hearings & Appeals 129
Reg. 311

PSYCHOLOGICAL EXAMINATION

MAY 28 1975

NAME: Edward Santangelo ADDRESS: 104-49 214th St., Jamaica, N. Y. SEX: M
DATE OF BIRTH: 9/10/'20 DATE OF EXAM.: 5/8/'75 AGE: 54 RACE: W
EDUCATION: A. Jackson HS, '39 OCCUPATION: Business Executive, unempl. 72
MARITAL STATUS: Single SERVICE: US Army PARENTS: Deceased SIBS: 2

REFERRAL: By Disability Determinations for intellectual, personality, and
organicity evaluation.

TESTS ADMINISTERED: Wechsler Adult Intelligence Scale

Information	10	
Comprehension	11	
Arithmetic	10	
Similarities	10	
Digit Span	11	
Vocabulary	11	
Verbal		IQ 105
Digit Symbol	7	
Pict. Completion	8	
Block Design	9	
Pict. Arrangement	8	
Object Assembly	11	
Performance		IQ 103
Full Scale		LQ 104
Bender Gestalt		
Rorschach		
Figure Drawings		

OBSERVATION: Of average height, stocky, casually dressed, and neatly groomed, pt. wears eye glasses and a hearing aid in his right ear. He arrives 45 minutes late, accompanied by his brother who has driven him. He is articulate, polite, and cooperative. He gives identifying information correctly, is verbally overproductive, and continuously moves his hands in anxious fashion, placing hand to mouth and rubbing himself. He bears a sheaf of papers including testimonials to his work record and hand written accounts of his symptoms alleged to stem from his hearing loss and inability to work and including restlessness, concentration difficulty, irritability, anxious headaches, depression, hives, diarrhea, goose flesh, palpitations, dizziness, and feeling off balance. He is treated by his private physician with Dilantin and with medication for back injury. He is able to take complete care of his person, cook a little, but does not go out of the house alone. He appears to have no difficulty in understanding the Examiner throughout.

EXHIBIT 34 (2 pg.)

TEST RESULTS: Pt's average overall intellectual functioning subsumes average functioning in both verbal abstract and manual concrete areas. Scatter is minimal, and functioning is well maintained. Vocabulary, reasoning, information, judgment, concentration, attention, alertness, social understanding, and new associative learning are all maintained at an average level, while gestalt formation is above average. Bender Gestalt reproductions suggest intact visual motor organization and average visual recall in an anxious, immature individual who is dependent, rigid, weakly separated, poorly related, and lacking drive. Personality picture is that of a helpless feeling individual who is psychosexually poorly related, is inadequate feeling, is unable to tolerate anxiety, and has little personality flexibility and resources for emotional adaptation to new circumstances. He is very constricted and stiff and has

no gratification from instincts. He has many passive wishes, has difficulty in dealing with hostile and aggressive feelings, and difficulty in facing up to problems. He appears organically intact but emotionally impaired; he cannot make emotional adaptations and shows impaired self-sufficiency. He could manage benefit payments in his own interest.

Ann F. McHugh Ph.D.
Ann F. McHugh, Ph.D.
Psychologist

MAY 28 1975 (Reverse) (12/74) DF-260

Transcription of Dictated Medical Report
Jamaica, New York 11432

Referral letter: Date 4/28 Form No. 382 Date transcribed 5/13/75

Date(s) of Examination May 8, 1975

The patient is a 55 year old former bank employee who was working until about 1969. He had been in the military service during WWII and complained of hearing difficulty in his left ear and partial loss of hearing in the right ear. He said that this happened while he was serving in the artillery on a firing ground in California, but he also said that before he was in the Army he had hearing difficulty and was unable to keep up with his work in college, at Pace College, and had to drop out because of poor grades in the second year of college. After the war he worked for the American Express Company for about 20 years and gradually found that he could not perform his supervisory work and he blamed his hearing handicap on that. He said "they transferred me to a menial clerical job to discourage me so I would quit even though they kept giving me the same salary".

After 8 months on this "menial" job, a former associate who was working at the First National City Bank transferred him to work at the bank as an officer, restoring him to a supervisory position, in the First National City Bank. But patient said "he didn't know about my handicap and after about a year my work and my social activities were observed as not being adequate". Then he began to ridicule me and asked me why I didn't quit. He also said "there were people who told me that higher ups were after me and told me to prepare to get another job", "so I was on menial jobs - clerical work, instead of being the head of an investigation team, or supervising them, or they would send me out to sell credit cards on the road until about 1970".

☒ See Continuation Sheet attached

Materials checked below are attached;

☐ Payment voucher

☐ EKG tracings

☐ Report of X-rays

☐ Other

Physician signature Martin Rudy M.D. Date 5/15/75
Martin Rudy

EXHIBIT

35 (c.p.g.)



STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
BUREAU OF DISABILITY DETERMINATIONS
TWO WORLD TRADE CENTER
NEW YORK, N. Y. 10047
TELEPHONE-AREA CODE 212-488-2253

132

AME. LAVINI
COMMISSIONER

Martin Radoy, M.D.
139-02 Grand Central Parkway
New Gardens, New York 11435

Claimant: Edward Santangelo

Soc. Sec. No.: 094-12-8551

Report Dictated on: 5/9/75

Dear Doctor:

Thank you for the medical report that you dictated on the telephone. Please verify the transcription on the reverse of this letter by signing and dating the original in the spaces provided; the copy is for your records. Return the original together with any signed voucher we may have sent previously and any other laboratory reports or tracings that may be appropriate. Please use the self-addressed envelope we provided initially.

We trust that our telephone dictating arrangement has been of assistance to you and we urge you to continue to avail yourself of this service.

Sincerely yours,

Joseph J. Oliva, M.D.

Joseph J. Oliva, M.D.
Chief Medical Consultant

Encl.

DF-260 (12/74)

ASL:ero

Santangelo

-2-

8651

The patient was fired in 1972 after being told that his "menial" job was phasing out. This job that was phasing out was a type of telephone investigation duty, instead of duty in which he directed investigators who were looking into credit card and travellers check frauds, and he was responsible for the work of the department. This satisfied him prestige-wise, but apparently he was unable to keep up with it. He said that he was humiliated for six years before he was fired. The humiliation was emphasized by his failure to get an increase in salary in the nine years that he worked at the American Express Company, the only increases that he got were the general cost of living increases that they were "forced to give me along with the others".

The patient has since applied for a senior level position with the United States Civil Service, but has not received an appointment and he has tried to go back to American Express and other private concerns, "but they have no jobs" he said. The patient has two single brothers; one of his sisters had a "nervous breakdown". The whole family is allegedly nervous and high strung. He said that when he was in high school he graduated "cum laude" with an 80 average. He saved the card notifying him of this achievement as proof of his mental achievement, and merit, and he showed me this card, but he failed in college after one year blaming this failure on hearing difficulty.

Lately the patient has been getting very irritable, especially with his family who are very good to him. He feels depressed and tense. He has been inappropriately impatient with his brother when his brother is driving him somewhere in a car and he has impulses to criticize and find fault and to do a lot of back seat driving. He often has crying spells and he cannot sleep at night. He has been on total disability at the VA since May-1972... because of hearing disability and nervousness. He has "funny dreams" of the same situation, namely that he is trying to get back on his job and can't do so. He also complains of dizziness, feeling of suffocation and inability to breathe as well as the fear of travelling on public transportation since 1972. The patient lived alone, (since he never married) until his sister, who was widowed a year ago ~~and~~ lives with him, and does most of his housekeeping for him. He states he never married because of his hearing impairment. The patient spends his time reading the papers, watching TV and when his sister does the dishes he sometimes helps her. He does not go to the movies, to church, or museums. He goes shopping only when his brother takes him in an automobile. He feels too impatient and irritable to read a book, especially nowadays. The patient was examined neurologically.

The patient walks with a moderate limp and tilt of his body to the right. He limits all motions of his back, he swayed in the upright position with his eyes closed in all directions. There was no drift of the outstretched hands and the finger to nose test was performed without ataxia, or past-pointing, bilaterally, but there was much tension and hesitancy in the movement of his arms, in that test.

The cranial nerves showed diminished hearing in his right ear, and absence of hearing the left ear. There was imbalance with his eyes closed. He wore a hearing aid and was able to converse with me perfectly normally with average volume of the voice and he explained that the device that he used helped him, and that he read lips too, in explaining his ability to converse in a normal tone.

Motor power and sensation were normal throughout.

The deep tendon reflexes were extremely brisk, but bilaterally symmetrical, at the elbows, wrists, knees and ankles. Normal plantar reflexes were elicited, no pathological reflexes were obtained. There was marked sweating of the palms, axillae, and the soles of the feet.

The patient came to my office in a car driven by his brother. He was casually dressed, but clean and appropriately groomed. He was tense and anxious but alert, coherent, relevant, oriented and showed appropriate affect. There was no retardation of psychomotor activity. Insight was poor, judgement was fair. He had no hallucinations or delusions or other bizarre ideation. Memory was good. I reviewed a report from his psychologist Dr. Ann McHugh and my clinical opinion coincides with this report. The patient is immature, dependent, rigid, lacking drive, anxious, and filled with helpless feelings. He is unable to make an emotional adaptation, with rather average intellectual endowment he apparently reached above his potential for status on his job. He explains his failure in college to hearing difficulty, his failure in business to the same, and his failure socially and sexually to "shyness because of hearing difficulty". Despite the obviousness of his immaturity and lack of drive and the resemblance of these traits to those of his two brothers who are also single, *he believes, what he says*

My opinion in this case is 1. deafness, left ear, partial loss of hearing right ear, cause undetermined, possibly and probably aggravated by exposure to artillery shells exploding in the proving grounds where he worked during WWII, in California. 2. diagnosis - adjustment reaction of adult life, manifested by resentment, depression, anxiety, irritability, hostile complaints, blaming inadequacies on others or other circumstances. The prognosis for 1 is poor, 2, is guarded. The patient's symptoms are consistent with his daily activities. He is capable of managing his own cash benefits.

McRuddy
3

SUPPLEMENTAL QUESTIONNAIRE

NAME OF CLAIMANT

Edward Martinez Jr.

SOCIAL SECURITY NO.

084-12-8851

Dear Doctor:

In addition to the information provided in your narrative report, please complete each of the following items by circling the appropriate word. It is essential that your answers be based on your estimate of the claimant's psychiatric impairment and not on nonmedical factors such as availability of job openings, hiring practices of employers, etc.

1. Estimated degree of impairment of the claimant's ability to relate to other people:

None Mild Moderate Moderately Severe ☒ Severe

2. Estimated degree of restriction of daily activities, e.g.: ability to attend meetings (church, lodge, etc.), work around the house, socialize with friends and neighbors, etc.:

None Mild Moderate Moderately Severe ☒ Severe

3. Estimated degree of deterioration in personal habits of claimant:

None Mild ☒ Moderate Moderately Severe Severe

4. Estimated degree of constriction of interests of claimant:

None Mild Moderate ☒ Moderately Severe Severe

5. Based on your evaluation of the claimant's psychiatric status, please give your opinion as to the claimant's residual ability to do the following on a sustained basis:

(a) Comprehend and follow instructions

Poor Fair Good Excellent

(b) Perform work requiring frequent contact with others:

Poor Fair Good Excellent

(c) Perform work where contact with others will be minimal:

Poor Fair Good Excellent

(d) Perform simple tasks:

Poor Fair Good Excellent

(e) Perform complex tasks:

Poor Fair Good Excellent

(f) Perform repetitive tasks:

Poor Fair Good Excellent

NAME OF CLAIMANT

Edward Santangelo

136

SOCIAL SECURITY NUMBER

084-12 - PPS1

(g) Perform varied tasks: ✓

Poor

Fair

Good

Excellent

to improve the claimant's condition by practicable available measures, which of the following you recommend?

☐ No specific treatment

b. ☒ Psychotherapy (supportive interviews) and/or medication (tranquilizing or anti-depressant) provided by:

☐ Office visits to a general physician (not necessarily a psychiatrist)

☐ An outpatient clinic of a general hospital

☒ Outpatient treatment at a mental hygiene clinic

c. ☐ Hospitalization

d. ☐ Other treatment not stated above - Please outline your general recommendations.

7. Based on your recommended treatment, what degree of improvement can reasonably be anticipated in the claimant's condition, and approximately how long would be required to achieve this improvement?

DATE

2/8/78

SIGNED

Martin Rucley

PROFESSIONAL QUALIFICATIONS

137

1. Physician's Name RUDOLPH Martin 11.
(Last) (First) (Middle)

2. Address 139-02 Grand Central Parkway
Kew Gardens, New York 11435

3. Year of Birth (B): 1913

4. Medical Education (ME): State: New York
School: New York University School of Medicine, New York
Year of Degree: 1937

5. Year of License (L): 1938

6. American Specialty Boards (AB): American Board of Psychiatry and Neurology

7. Medical Specialties: Psychiatry
Neurology

8. Type of Practice (TOP): Direct Patient Care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 20 Page: 2882

Other Sources:

26411 401 Non-Resident
Administration
New York 10432

138

JUN 2 1975

FACE ACKNOWLEDGMENT

In the case of

Edward G. Santangelo

(Claimant)

Edward G. Santangelo

(Wage Earner)

Claim for

Period of Disability and
Disability Insurance Benefits

084-12-8851

(Social Security Account No.)

I examined on MAY 30, 1975, the following proposed exhibits:

- | | |
|--|---------|
| 29 Letter from Veterans Administration, Outpatient Clinic, dated 3/14/75 | 3 Pages |
| 30 Report from Hyman M. Weiselberg, M.D., dated 5/2/75 | 1 Page |
| 31 Professional Qualifications, Hyman M. Weiselberg, M.D. | 1 Page |
| 32 Report from Jacob H. Turkell, M.D., dated 5/3/75 | 4 Pages |
| 33 Professional Qualifications, Jacob H. Turkell, M.D. | 1 Page |
| 34 Report from Dr. Ann F. McHugh, undated | 2 Pages |

*See Below (Exhibits 35 and 36)

(CHECK ONE)

I have no comments to make, and I consent to their admission into evidence



I will send comments to the Hearing Examiner no later than (5 days from date of examination)



See comments below



Date 5/30/75

John M. Loren
(Signature of Claimant or
Claimant's Representative)

COMMENTS:

- | | |
|--|---------|
| Exhibit 35 - Report from Martin U. Rudoy, M.D. re examination of claimant on 5/8/75, dated 5/15/75 | 6 Pages |
| Exhibit 36 - Professional Qualifications, Martin U. Rudoy, M.D. | 1 Page |

Exhibit No. 37